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ABSTRACT

Described is a Georgia county school system's program which began in 1972 for behaviorally disordered children (kindergarten through high school). Opening chapters include a rationale for the program, a definition of behavior disorders, and a list of program objectives such as identifying children with behavior disorders and assisting them to function within the mainstream of the public school population. Outlined are the roles of persons involved in the program (such as the program coordinator) and the steps in the student help process (from referral to placement). A discussion of the resource room approach used in the elementary and middle schools focuses on a rationale, room description, and specifics of scheduling and programming. An explanation of the high school program includes lists of goals (such as crisis intervention), of program alternatives (such as group counseling), and of planned program changes. Program and student evaluation methods and parent education programs (such as a family enrichment program) are described. Considered are the types of in-service training sessions, and services provided severely emotionally disturbed children by the Psycho-Educational Center. Appendixes include a glossary, referral and evaluation forms, 27 materials useful for a behavioral disorders resource room, and a bibliography on behavior disorders and related areas. (LS)

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BEHAVIOR DISORDERS PROGRAM DESIGN

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BEHAVIOR DISORDERS PROGRAM DESIGN

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FOREWARD

It is probably not too presumptuous to state that it is the intent of every public school system to provide as many and comprehensive programs for their exceptional children as is within their realm of possibility and reality.

School systems are as different as people are different and each system must design a program based on its own individual needs and merits. Such factors as availability of space, expertise and number of professional staff, geographic considerations -- all of these and more need to be considered before a schemata for delivery of services to children can be worked out.

The pages that follow are Douglas County Schools' plan for providing comprehensive services specifically for children who are considered to be behaviorally disordered. But more than that, they are intended to provide a format for a system of providing special educational services in all areas of exceptionality.

The "design" as it is written up is already a revision of a similar program that was piloted in the Douglas County Schools on a small scale during the school year 1973-74.

It is our sincere hope that within these pages the reader will find some material that may be of some use to his own system of operations.

C. John Re

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CHAPTER I

BEHAVIOR DISORDERS - AN OVERVIEW

Traditionally, behavior disorders has been almost exclusively in the domain of the medical psychiatric profession. In recent years, however, there has been a trend to shift from this medical model of diagnosis and treatment to an educational model of assessment and intervention. Specifically, in the state of Georgia, legislation mandates that all exceptional children ages three to twenty-one be served through public education by 1976. The implication of this legislation is that emphasis and responsibilities are transferred from (1) the medical profession being the responsible agent for treatment, using teachers as ancillary personnel, to (2) the schools becoming the responsible agents for treatment, with the ancillary assistance of mental health specialists.

The prevalence of behavior disorders in the school population ranges from 2% to 22%, depending upon the investigator's criterion of behavior disorders. The United States Office of Education conservatively states that 2% of school age children exhibit some form of behavior disorders. It is estimated that approximately .5% of the total school population need some type of residential or other intensive service.

Schultz, Hirshoren, Manton, and Henderson (1971) reported that in 1948 there were ninety public school systems in this country which served approximately 15,300 behaviorally disordered children. In 1966, 875 public systems were serving approximately 32,000 children. In 1970, approximately 100,000 behaviorally disordered children and youth were being served in public school programs and more than 65,000 under the age of eighteen enrolled in residential programs.

For the 1971-72 school year, the United States Office of Education estimated that there were 1,388,000 behaviorally disordered children and adolescents. An estimated 156,486 such children were receiving special education services in the local school systems that year.

In Georgia, the growth of the Behavior Disorders Program has somewhat paralleled growth nationwide, with more rapid increases of services during the past few years. (Table A)

Considering that services to behaviorally disordered children more than doubled in 1972-73, it is feasible that projections through 1976 will be met when the state's public schools are mandated to serve all exceptional children in Georgia.

TABLE A

STATISTICS REFLECTING GROWTH OF

BEHAVIOR DISORDERS PROGRAMS IN GEORGIA

Year	Teaching Units	Children Served
1962-63	9	67
1963-64	12	112
1964-65	25	218
1965-66	31	734
1966-67	39	1451
1967-68	39	1481
1968-69	31	788
1969-70	33	739
1970-71	47	1349
1971-72	67	2670
1972-73	171	5549
1973-74	215	6450

CHAPTER II

THE BEHAVIOR DISORDERS PROGRAM - DOUGLAS COUNTY

Before a program of any design is established, it is necessary to set forth a philosophical base from which it is to operate. The following rationale provides this basis for the Behavior Disorders Program in the Douglas County School System.

Rationale

Individuals, for the most part, are not born disturbed, they learn to behave that way. Under the conditions of support, acceptance, and respect, their behaviors can change.

Societal conditions are responsible for at least part of the emotional disturbance in children. Ethnic, racial, or sexual discrimination and poverty may force children to behave in unhealthy ways. Exaggerated forms of hypocrisy, competition, aggression, and materialism sanctioned by our society add to the alienation and discontentment of adolescents particularly. Therefore, if educators are concerned with preventing emctional disturbance, they must strive to change these conditions in their schools and communities.

In the past, many schools have fostered emotional disturbance in children. Overcrowded classrooms with teachers who focus on failure rather than success, overemphasis on cognitive achievements, and conformity to group standards have all contributed to maladjusted individuals. Movements to humanize and individualize classrooms must be expanded if emotional disturbance is to be prevented.

The public school possesses the resources of state and federal funding and professionally trained staff. As it is the major institution available to all individuals, it is in a unique position to foster mental health.

Behavior Disorders-A Definition

Children who are unable to adjust and cope with their everyday environment are said to have behavior disorders. When defined in terms of school functioning a child would be said to be behaviorally disordered if his social behavior is so inappropriate that it interferes with receiving all or part of his education in the regular classroom situation. The behaviorally disordered child may exhibit any or all of the following types of difficulties:

1. An unexplained inability to learn. The child's primary difficulty is emotional and cannot be explained adequately by intellectual deficits, specific learning disabilities, by differences in cultural or ethnic background, or other factors.
2. An inability to achieve satisfactory social relationships with peers or adults.
3. Inappropriate or immature types of behavior under normal conditions.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop psychosomatic symptoms associated with personal or school problems.
6. A disregard for accepted social values and rules.
7. Aggressive behavior, truancy, fighting, and defiance of authority.

Frequency of the above listed behaviors is an important factor in determining whether a child has a behavior disorder. All children may at some time or another exhibit one or many of the listed behaviors. The degree and persistence of such behaviors indicate a problem or the lack of one.

Children who are experiencing crisis situations such as a death in the family, divorce of parents, or severe illness, school expulsions, school suspensions, or problems involving social and/or correctional agencies may also need supportive help.

The Georgia Department of Education conservatively estimates approximately 2% of Georgia's school age children as exhibiting some degree of behavior disorders to the extent that they require special help apart from the regular classroom.

Objectives of the Douglas County Behavior Disorders Program

1. To correctly identify pre-school through school-aged children and youth with behavior disorders.
2. To develop adequate services for all behaviorally disordered children and youth in the school system.
3. To provide the necessary supportive help to the students in alleviating their behavior problems.
4. To assist every child to function within the mainstream of the public school population when possible.
5. To provide assistance to the regular classroom teacher in dealing with these children, through in-service programs, consultation, and demonstration teaching.

6. To coordinate the facilities of the school, community, and home to help the children adjust and become productive citizens.
7. To update the program in terms of new and innovative projects, new techniques and methodology, and to explore new and better ways for delivery of services.

Chronological Development

The Douglas County School System initiated services for behaviorally disordered children during the 1972-73 school term. The program began with two teachers trained in the area of behavior disorders. These teachers operated on an itinerant basis and served the county's nine elementary schools (grades K-5). As this was a new service, much of their time was spent developing a program and informing teachers and principals of its existence and purpose. During the school year 1972-73, forty-one children were served by the Behavior Disorders Program. Much time was spent in the classroom in an effort to assist teachers with management problems.

The staff was increased by four teachers during the 1973-74 school term: two teachers served the nine elementary schools on a resource itinerant basis, one itinerant resource teacher served three middle schools, and two teachers worked as a team in the high school. There was a self-contained classroom for children with severe behavior disorders. In the absence of a psycho-educational center and adequate community agencies, this class was housed in an elementary school. Due to the severity of their problems and their inability to adequately function in the regular classroom situation, some students were assigned to this self-contained class. Without this class, these students would have been

unable to attend school. Eighty-nine students were served by the elementary school teachers, twenty-eight students were served by the middle school teacher, and approximately three hundred students were seen by the high school team.

The staff will again be increased in the 1974-75 school term. Each of the elementary and middle schools (twelve) will receive services by a behavior disorders teacher for one-half day. This will involve six itinerant teachers, who will operate a resource room in each of these schools. Four teachers will be assigned to work in the high school, which is now operating on a double session.

Plans are in the making for a psycho-educational center for students whose problems are more severe than would normally be handled by the Behavior Disorders Program in the schools.

Roles of Persons Involved in Program

The following duties are specified as they relate to the Behavior Disorders Program in Douglas County.

I. Director of Special Education:

1. Works with the Behavior Disorders Coordinator to develop program goals and teacher expectations in relation to the total program.
2. Coordinates the Behavior Disorders Program with other special education programs.
3. Helps promote good relations between the community and the Behavior Disorders Program. This might include contact with agencies, organizations, parents, or other individuals.

4. Informs school board members, administrative personnel, and principals of goals, objectives, and yearly projections for growth and implementation.
5. Observes and evaluates the behavior disorders teachers in terms of teaching competencies and discusses reactions and recommendations with them and with the Behavior Disorders Coordinator.
6. Serves as chairman of the Advisory Committee for Placement.
7. Develops and discusses recruiting program goals and objectives with Director of Personnel and Behavior Disorders Coordinator.
8. Screens possible teacher candidates for the program and refers potential candidates to the Behavior Disorders Coordinator for interview.
9. Recommends hiring of new personnel to the school board's Director of Personnel.
10. Coordinates credential renewals.
11. Reviews data and suggestions from special education staff and prepares a complete special education budget and reviews it with the administrators and School Board members.
12. Reviews and discusses salary schedule with School Board.
13. Writes the state reports.
14. Writes grants for funding of special projects, including yearly psychoeducational center grants.

II. <u>Coordinator of Behavior Disorders Program</u>:

1. Coordinates efforts of behavior disorders teachers in the system.
2. Consults with teachers on individual behavior problems.

3. If paraprofessionals are involved, the coordinator is to initiate a program that explains the Behavior Disorders Program and the paraprofessional's roles in conjunction with the Director.
4. Coordinates the staff's schedules.
5. Calls meetings for the purpose of the entire Behavior Disorders Program staff getting together and discussing the program at least once a month.
6. Serves on Advisory Committee for Placement as needed.
7. Helps promote Behavior Disorders Programs in the schools.
8. Confers with the Director of Special Education and assigns staff to schools.
9. Consults with the Special Education Committee in individual schools when necessary.
10. Keeps information cards on all children in the program.
11. Recommends budget expenditures to the Director of Special Education in light of individual teacher needs and the entire Behavior Disorders Program.
12. Helps promote good relations between behavior disorders staff and school personnel.
13. Observes and evaluates behavior disorders teachers and makes recommendations to the Director of Special Education.
14. Interviews teacher candidates and makes appropriate recommendations to the Director of Special Education.
15. Serves as liaison between Mental Health agencies and public schools.
16. Keeps log of student referrals in Special Education Department.

17. Discusses, plans, confirms, and schedules workshops and in-service programs with behavior disorders staff and with principals.

18. Coordinates materials for in-service programs and workshops.

19. Prepares reports on staff development needs and aides the director in coordinating programs to provide for an ongoing update of skills.

20. Works with colleges and universities to provide them with information on the program and to get information on new people for possible employment.

21. Meets with student teachers to discuss the program.

22. Approves requisition of materials which then goes to the Director of Special Education for his approval.

If there is no Behavior Disorders Coordinator, the above duties are assumed by the Director of Special Education.

III. Behavior Disorders Teacher:

1. Understands fully the concept of Special Education in general, and specifically the Behavior Disorders Program.

2. Serves as a resource teacher in school(s) to which assigned. This includes working with school personnel and/or student(s).

3. Promotes good relations between special education and other school personnel.

4. Participates in in-service programs and workshops for classroom teachers (to include demonstration teaching).

5. Discusses Behavior Disorders Program for P.T.A. meetings when invited.
6. Explains Behavior Disorders Program to faculty of school(s) he serves.
7. Serves as Facilitator of Special Education Committee at the schools to which he is assigned and works to effect curriculum for all children referred.
8. Conducts parent interviews and keeps parents informed as to child's progress.
9. Administers initial screening tests for students referred for Behavior Disorders Programs.
10. Helps classroom teacher with classroom management techniques.
11. Completes reports and information cards on children served. Keeps weekly behavioral objectives on each child and records of success of program. (Appendix A)

IV. Principals:

1. Provides adequate space for Behavior Disorders Program in accordance with state requirements for special education classes.
2. Understands the Behavior Disorders Program and its services and informs the classroom teacher of its objectives.
3. Serves as co-chairman of Special Education Committee in his school.
4. Helps promote Behavior Disorders Programs in school, P.T.A., and community.
5. Serves on Advisory Committee for Placement when applicable.
6. Provides instructional materials and equipment as needed.

V. Classroom Teacher:

1. Becomes familiar with Behavior Disorders Program and its services.
2. Refers children to the program or behavior disorders teacher by completing the necessary referral form and placing it in the Special Education box in his school.
3. Serves on Special Education Committee when one of his students is involved.
4. Works closely with behavior disorders teacher and carries out suggestions and/or prescription for instructing the behaviorally disordered child in the regular classroom.
5. Keeps records of child's progress.
6. Helps gather background information on the child (cumulative folder, other teacher's observations, etc.)
7. Contacts parents regarding the referral of the child to the Special Education Committee.
8. Works with behavior disorders teachers in updating skills in identification and possible management methods in working with the behavior problem student.

VI. Counselor:

1. Observes problem behavior children or youth in the classroom and discusses the same with classroom teacher.
2. Is in contact with students exhibiting behavior problems and channels referrals to the behavior disorders teacher.

3. Serves on Special Education Committee in his school.
4. Helps gather cumulative records on the referred students and may help in administering initial screening tests.
5. In cases where classroom management is involved the counselor may help the classroom teacher in management techniques.

VII. Psychologist:

1. Becomes familiar with the Behavior Disorders Program and the services involved.
2. Administers tests, interprets results, and makes recommendations as requested by the Special Education Committee.
3. Contacts any community health agents that are necessary in the treatment of the behaviorally disordered child.
4. Presents results to Special Education Committee or Advisory Committee for Placement after psycho-educational evaluation.
5. Assists behavior disorders teacher and Special Education Committee in setting up programs for specific students.
6. Helps interpret test results to parents.
7. Participates, when necessary, in parent interviews.
8. Participates in in-service programs for classroom teachers in psycho-educational evaluation.
9. Meets with classroom teacher when necessary to clarify recommendations and to offer further consultations for managing students in the classroom.
10. Serves as member of Advisory Committee for Placement.

11. Sets up, coordinates, and implements family enrichment activities.

12. Works with individuals and/or groups of children who are having emotional problems.

13. Helps in setting up and implementing teacher effectiveness programs.

VIII. Visiting Teacher:

1. Investigates continued or prolonged absences and truancies.

2. Becomes familiar with Behavior Disorders Program.

3. Serves on Special Education Committee as requested.

4. Assists parents in understanding and following recommendations made by the Special Education Committee in cases where truancy is a problem.

5. Provides helpful information on family background to behavior disorders teacher.

6. Seeks cooperation of foster home and/or courts when directly involved with child.

7. Obtains information on community resources available to the child's parents.

8. Serves as liaison between home and school.

9. Completes cumulative records with counselor.

IX. Special Education Committee:

1. There will be a Special Education Committee at each of the elementary and middle schools.

2. The committee will serve a four-fold purpose:

   a. Compiles and discusses pertinent information, records, and observations of referred students.

b. Recommends appropriate placement, methods, and materials for remediation.

c. Reviews all students' progress quarterly.

d. Decides time and manner in which to terminate student from the program designed to meet his needs.

3. Permanent members of the Special Education Committee will be the school principal, school counselor, a resource teacher from each of the areas of Behavior Disorders, Learning Disabilities, Educable Mentally Retarded, and the referring teacher(s).

4. Depending upon the nature of the referral, any of the following personnel may be requested to serve on the committee.

a. School Psychologist

b. Visiting Teacher

c. Representatives from other areas of Special Education

d. Other school personnel

e. Representatives from community agencies

5. The Committee will meet bi-weekly, or as often as is deemed necessary.

X. Advisory Committee for Placement:

Regular members of the Advisory Committee for Placement will be:

1. Director of Special Education (Chairman)

2. Psychologist

3. Professional staff member of the local Health Department

4. Professional staff member of the local Welfare Department

5. Behavior Disorders Teacher

6. Medical consultant

7. Coordinator of Behavior Disorders Program

8. Vocational Rehabilitation Counselor

9. Principal of referring school

Floating members of the Advisory Committee for Placement include:

1. Present and/or former teachers of child under consideration

2. Visiting Teacher

A secretary should be elected at the first meeting who shall take minutes and keep a copy on file.

The purpose of this committee will be:

1. To review all information and screen children for contained special class placement, or for psycho-educational placement.

2. To determine the best services for those children not placed in a special unit.

CHAPTER III

THE STUDENT HELP PROCESS

The total student help process includes referral, screening, evaluation, and educational planning. Though the procedure will usually follow the series of steps outlined below, it should be noted that THIS PROCESS CAN BE STOPPED AT ANY POINT WHEN IT IS FELT THAT THE PROBLEM MAY BE HANDLED WITHOUT FURTHER SPECIAL EDUCATION INTERVENTION.

Person Initiating the Referral:

The referral is usually initiated by the classroom teacher. However, referrals may also come from parents, principals, counselors, or any other persons who have had contact with the student. Children may also be identified as possibly exhibiting behavior disorders from the results of the First Grade Screening Test, which is administered at the annual first-grade pre-registration. In any case, BEFORE A REFERRAL IS ACTUALLY INITIATED THE REFERRING TEACHER SHOULD INITIATE A PARENT-TEACHER CONFERENCE TO DISCUSS THE FACT THAT A REFERRAL IS BEING MADE. The teacher may then confer with the school counselor, complete the referral form (Appendix B) and place it in the school mailbox designated for Special Education.

Special Education Committee Facilitator (Behavior Disorders Teacher):

The Special Education Committee Facilitator collects referral forms each day from the school mailbox and records necessary data to be filed on the Central

Referrals List in the Special Education Department (Appendix C). If the student is referred for other than behavior disorders problems, the Facilitator delivers the referral to the appropriate department. If the referral is for a behavior disorder problem, the Facilitator will observe the student referred during the regular school day. IT IS IMPERATIVE THAT THE STUDENT NOT BE INFORMED BEFOREHAND THAT HE IS TO BE OBSERVED. (Appendix D.) The Facilitator confers with the classroom teacher regarding observations made. This conference may also include discussion of any or all of the following:

a) Methods previously used by the teacher in dealing with student's problem(s).

b) Attitudes of teacher and peers toward student in question.

c) Cumulative record data.

d) Interim methods and materials to be utilized until specific recommendations are made by Special Education Committee.

At some time before the Special Education Committee meeting, the Facilitator will interview the student and administer screening devices (Appendix E). A parent interview is then conducted (Appendix F).

The Facilitator will then gather all material obtained and present it at the next regularly scheduled Special Education Committee meeting. He is also responsible for informing appropriate personnel of their need to attend the meeting.

Special Education Committee:

The Special Education Committee meets bi-weekly to discuss students referred. The Facilitator maintains a record of the meetings in a notebook which

is to remain in the school (Appendix G). A copy of such record is to be sent to the Director of Special Education. Observations, records, and test results are presented, specific recommendations made regarding placement, and the methods and materials to be utilized. A member of the Special Education Committee designated by the Facilitator informs parents of the recommendations.

If placement in the Behavior Disorders Resource Program is recommended, specific objectives (target behaviors) are established (Appendix H). Each student's progress is reviewed quarterly (Appendix I) and one of the following determinations are made:

a) Student remains in the Behavior Disorders Resource Program and goals remain as previously established.

b) Student objectives met--termination of behavior disorders services. (Appendix J)

c) Student remains in Behavior Disorders Resource Program, but modifications are made in established objectives.

d) Student referred to Director of Special Education for full psychological evaluation.

e) Student referred to Advisory Committee for Placement.

Community Agencies (Other than Mental Health):

The services of community agencies might be requested by the Special Education Committee (for example, Department of Public Health, Division of Family and Children Services, law enforcement agencies). This agency should provide appropriate service and communicate results, progress, and/or recommendations to the Committee.

The Special Education Committee may also request the services of the school psychologist.

School Psychologist:

When requested, the psychologist will attend Special Education Committee meetings to provide additional input in appropriate theories of development and techniques of behavior management. He may also consult with parents regarding recommendations and family dynamics. He will not do any psychological (intellectual ability/projective) evaluation unless the committee decides that the student is not progressing in the program designed for him. In this case, the child will be referred directly to the Director of Special Education, who will in turn instruct that such psychological testing is rendered. The case will be referred to the Advisory Committee for Placement for further disposition.

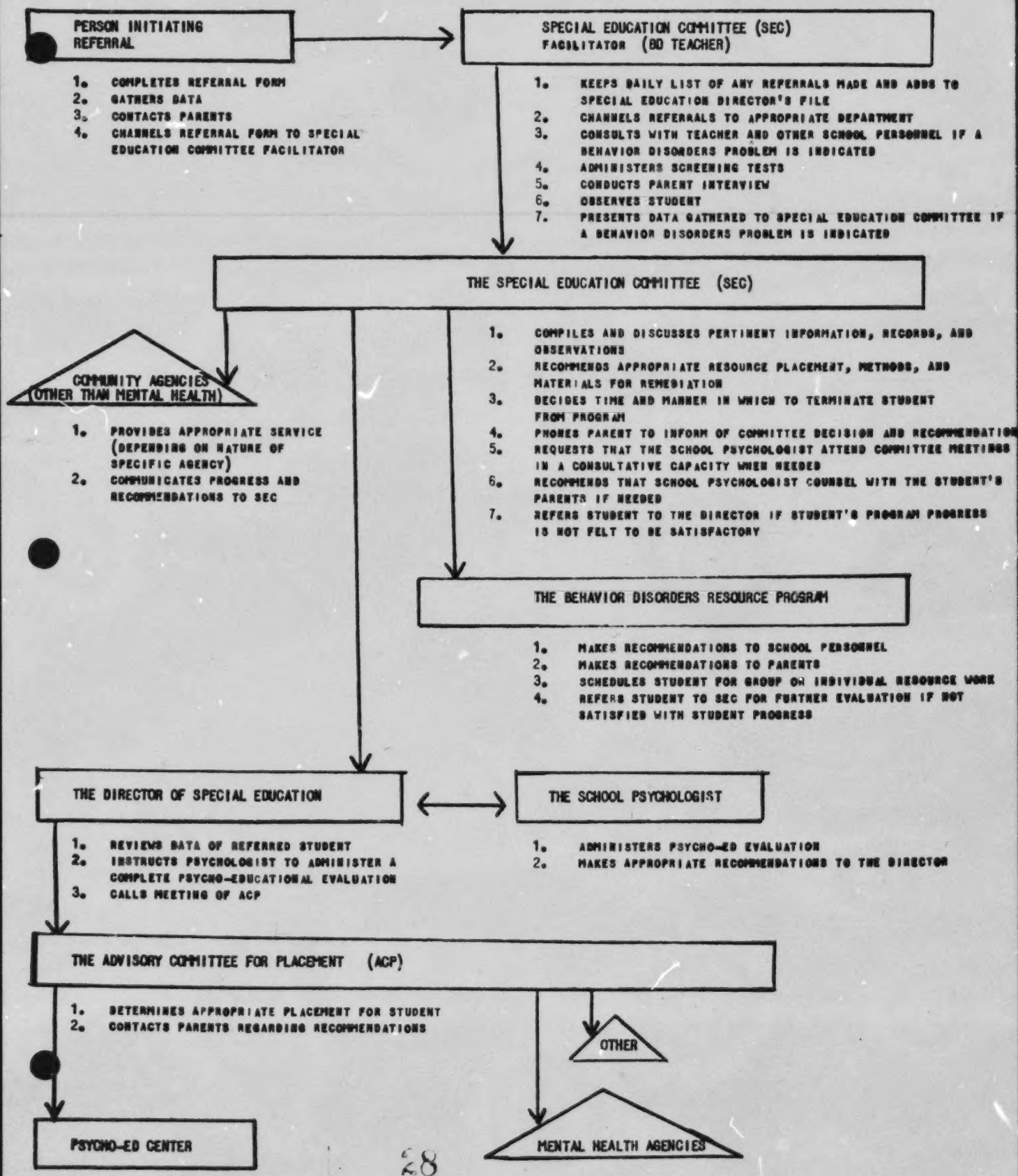
Director of Special Education:

The Director of Special Education reviews the student's data and calls a meeting of the Advisory Committee for Placement if other than special education resource placement is recommended.

Advisory Committee for Placement:

The Advisory Committee for Placement does not meet on a regulary scheduled basis, but only when requested to do so by the Director of Special Education. The members review the student's history. Determination is then made as to where the child might best be placed.

THE STUDENT HELP PROCESS


PERSON INITIATING REFERRAL
1. COMPLETES REFERRAL FORM
2. GATHERS DATA
3. CONTACTS PARENTS
4. CHANNELS REFERRAL FORM TO SPECIAL EDUCATION COMMITTEE FACILITATOR
SPECIAL EDUCATION COMMITTEE (SEC) FACILITATOR (BD TEACHER)
1. KEEPS DAILY LIST OF ANY REFERRALS MADE AND ADDS TO SPECIAL EDUCATION DIRECTOR'S FILE
2. CHANNELS REFERRALS TO APPROPRIATE DEPARTMENT
3. CONSULTS WITH TEACHER AND OTHER SCHOOL PERSONNEL IF A BEHAVIOR DISORDERS PROBLEM IS INDICATED
4. ADMINISTERS SCREENING TESTS
5. CONDUCTS PARENT INTERVIEW
6. OBSERVES STUDENT
7. PRESENTS DATA GATHERED TO SPECIAL EDUCATION COMMITTEE IF A BEHAVIOR DISORDERS PROBLEM IS INDICATED
THE SPECIAL EDUCATION COMMITTEE (SEC)
1. COMPILES AND DISCUSSES PERTINENT INFORMATION, RECORDS, AND OBSERVATIONS
2. RECOMMENDS APPROPRIATE RESOURCE PLACEMENT, METHODS, AND MATERIALS FOR REMEDIATION
3. DECIDES TIME AND MANNER IN WHICH TO TERMINATE STUDENT FROM PROGRAM
4. PHONES PARENT TO INFORM OF COMMITTEE DECISION AND RECOMMENDATION
5. REQUESTS THAT THE SCHOOL PSYCHOLOGIST ATTEND COMMITTEE MEETINGS IN A CONSULTATIVE CAPACITY WHEN NEEDED
6. RECOMMENDS THAT SCHOOL PSYCHOLOGIST COUNSEL WITH THE STUDENT'S PARENTS IF NEEDED
7. REFERS STUDENT TO THE DIRECTOR IF STUDENT'S PROGRAM PROGRESS IS NOT FELT TO BE SATISFACTORY
COMMUNITY AGENCIES (OTHER THAN MENTAL HEALTH)
1. PROVIDES APPROPRIATE SERVICE (DEPENDING ON NATURE OF SPECIFIC AGENCY)
2. COMMUNICATES PROGRESS AND RECOMMENDATIONS TO SEC
THE BEHAVIOR DISORDERS RESOURCE PROGRAM
1. MAKES RECOMMENDATIONS TO SCHOOL PERSONNEL
2. MAKES RECOMMENDATIONS TO PARENTS
3. SCHEDULES STUDENT FOR GROUP OR INDIVIDUAL RESOURCE WORK
4. REFERS STUDENT TO SEC FOR FURTHER EVALUATION IF NOT SATISFIED WITH STUDENT PROGRESS
THE DIRECTOR OF SPECIAL EDUCATION
1. REVIEWS DATA OF REFERRED STUDENT
2. INSTRUCTS PSYCHOLOGIST TO ADMINISTER A COMPLETE PSYCHO-EDUCATIONAL EVALUATION
3. CALLS MEETING OF ACP
THE SCHOOL PSYCHOLOGIST
1. ADMINISTERS PSYCHO-ED EVALUATION
2. MAKES APPROPRIATE RECOMMENDATIONS TO THE DIRECTOR
THE ADVISORY COMMITTEE FOR PLACEMENT (ACP)
1. DETERMINES APPROPRIATE PLACEMENT FOR STUDENT
2. CONTACTS PARENTS REGARDING RECOMMENDATIONS
OTHER
PSYCHO-ED CENTER
MENTAL HEALTH AGENCIES

CHAPTER IV

THE RESOURCE ROOM APPROACH

ELEMENTARY AND MIDDLE SCHOOLS

Each elementary and middle school in the Douglas County System has a behavior disorders resource room which operates for one-half of the school day. Each resource teacher is responsible for two schools, working a morning session in one and an afternoon session in the other.

Rationale:

Our rationale for adopting this approach is as follows:

1. Large numbers of students present academic and adjustment problems while in the school situation. Whereas a self-contained class would of necessity only be accessible to a set number of students, more students needing help could receive it on a resource basis.
2. Many students can participate successfully in the majority of regular classroom activities. The resource room functions as a support only in the specific area(s) in which the student is experiencing difficulty. He may spend as little or as much time in the resource program for individualized assistance as his particular needs indicate.
3. A student remains in his own school in close association with his peers, and yet, has the benefits of individualized and specialized instruction.

4. Flexibility in programming is possible, including size of group (1:1, small group) and area of concern (emotional, social, or academic). The resource teacher may also work with students in the regular class setting by offering suggestions to the regular class teacher and demonstrating ways of dealing effectively with the inappropriate behavior.

5. Lower cost per pupil is possible in a resource program than in a self-contained class. Salaries and materials would be the same for either approach, but the number of students served by the resource room could be considerably higher.

6. The resource program allows the behavior disorders teacher freedom in scheduling so that she is available for parent and teacher consultations, classroom observation, and crisis intervention.

Room Description:

The population growth in Douglas County at this time is so rapid that the schools are overflowing with students. Overcrowded conditions have forced the special education staff into often working in different areas each day. These areas have been such unlikely spaces as a bookroom, regular classroom during a free period, a workroom in which photocopying and duplicating machines are operating, teachers' lounge, principal's office, a corner of the library or gymnasium, or even the end of a hall. It is impossible to operate an effective resource program under these conditions. Therefore, the following criteria for a resource room for the 1974-75 school year are suggested. Although it may be physically impossible to fulfill these entirely, it is hoped as nearly as possible to have a resource room in each school with the following characteristics:

1) Be assigned strictly for use by the special education department. This is not an attempt to be possessive, but to prevent disturbance caused by a flow of people coming in to get or store materials.

2) Be at least large enough to accommodate a teacher, 6 students, and necessary equipment and materials (according to guidelines established by the Georgia State Department of Education).

3) Be as soundproof as possible (carpeting and soundproof ceiling and insulation could be used.) This is critical, as one of the most common reasons that students are referred to the Behavior Disorders Program is that they are easily distracted from the task at hand.

4) Have adequate lighting and ventilation. Too often the room suggested by the school administrator is an area previously used for storage and therefore needs much additional lighting and ventilation.

5) Have an area for time-out periods.

6) Have enclosed cabinets or shelves for supplies and equipment.

7) Have carrels for individual work and tables for group work.

8) Have a teacher work area.

Scheduling:

The following is a suggested schedule for an itinerant resource teacher:

*8:00	Report to morning school
8:00 - 11:30	Work with students and teachers
11:30 - 12:00	Lunch
12:00 - 12:15	Travel to afternoon school
12:15 - 3:00	Work with students and teachers
3:00 - 3:30	Special Education office

*The morning schools will be rotated each quarter, as the longest and most profitable work time during the school day is felt to be from 8:00 to 11:30.

As this is merely a skeleton schedule, it allows the behavior disorders teacher to schedule his students for as little or as much time as he deems necessary. Monday afternoons (12:00 - 3:30) are to be reserved for planning, attending staff meetings, parents or teacher consultations, or screening and referrals.

Programming:

After studying the referral forms that were submitted during the 1973-74 school year, it was discovered that the most frequently stated reasons for referring an elementary or middle school student to the Behavior Disorders Program were: short attention span, attention seeking behavior, ignoring school rules, indifferent attitude, inability to get along with peers, inability to relate to authority figures, poor academic achievement, and immature social behavior. As is recognizable by the categories stated above, most students are referred for aggressive, acting-out behaviors rather than for shy, withdrawn behavior.

The chart below shows the percentage of male and female students actually involved in the elementary and middle schools behavior disorders program during the 1973-74 school term.

	Elementary	Middle	Grades 1-8
Total Number	89	28	117
Male	72%	79%	73%
Female	28%	21%	27%

As can readily be seen, the incidence of behavior disorders in Douglas County by sex closely parallels the national statistic of 4:1.

These observations are useful for making projections in the areas of ordering relevant materials, organizing the resource room, and planning in-service programs for classroom teachers as well as behavior disorders teachers. For example, the behavior disorders teacher can discern from the previous statistics that the majority of his caseload will consist of aggressive male students. Therefore, during the time set up at the first of the year for pre-planning, the teacher can gather the following types of materials: 1) high-interest to boys, 2) behavior modification techniques, 3) decision making activities and determination of appropriate alternative behaviors.

These statistics also demonstrate that the shy, withdrawn student is seldom referred to the behavior disorders program. This is often not due to low incidence, but to a simple oversight of students who cause no classroom disruption. The behavior disorders teacher needs to be particularly aware of this when observing classrooms, organizing curriculum, or planning in-service meetings.

Some of the specific books, games, and audio-visuals that have been used and found to be effective in working with behaviorally disordered children are described in Appendix K. Other suggested equipment that will be of general use are: kitchen timers, tables, chairs, study carrels, blackboard, stop watches, record player, tape recorder, listening stations, Language Master, typewriter, clock, paints and brushes, drawing paper, butcher paper, writing paper, crayons, blunt scissors - (left and right handed), bean bags, and age appropriate toys.

Although there is much overlap in programming for elementary and middle schools, the following observations may be useful:

Elementary Students:

(1) Discussions must be very directive, often with a story or activity serving as a lead-in.

(2) Immediate reinforcement of desirable behavior is imperative. Therefore, small, clearly defined tasks (i.e. academic activities) can be used both for remediation purposes and as a behavior modification tool.

(3) Play sessions that necessitate cooperation can be used to develop better peer relationships, group interaction skills, and coping with consequences (winning or losing).

(4) Creative dramatics (puppets, plays) are often effective in provoking expression of feelings and insight into self. A session should deal with a very specific set of interrelated behaviors so that the students can grasp the purpose underlying the dramatization. It is important not to expect articulate abstract generalizations from students in this age group.

(5) Movement exploration facilitates the development of body image and therefore a positive self-concept. It meets the active elementary child's need to get up from his desk or chair and move around. These activities may also be used to aid group members in developing cooperation and acceptance of each other.

Middle School Students:

(1) These students are generally mature enough to openly discuss their emotional and/or social problems with the behavior disorders teacher.

(2) Students who are experiencing difficulties in academic subjects are often able to work for long term rewards as would be drawn up in student contracts listing specific objectives. Contracts are often effective when dealing with a behavior such as fighting or cheating, as well as in academic areas. The students themselves play a responsible role in establishing the contracts with the behavior disorders teacher and classroom teachers.

(3) Group counseling techniques are often very effective and generally preferred when working with this age student. Many times members can interact with peers, helping each other with solving problems. Students in this age level often respond in a more positive manner to peer suggestions and possible solutions than to the teacher's suggestion. Specific methods are discussed in more detail in Chapter 5.

(4) It is more important to remember that the middle schools are departmentalized and the behavior disorders teacher therefore will usually be working with more than one teacher. This points up the necessity to communicate plans and developments clearly to all involved teachers so that consistency in program implementation can be maintained.

CHAPTER V

THE BEHAVIOR DISORDERS PROGRAM - HIGH SCHOOL

Beginning the Program

The Behavior Disorders Program was established at Douglas County High School in the 1973-74 academic year. The two teachers employed considered five major factors before determining how to begin.

I. The Orientation and Abilities of the Staff:

The general philosophies of mental health, approaches to counseling, past experiences, and expertise of staff members play an important role in the type of program to be developed .

II. The Community:

Questions to consider in gaining insight into the community structure are as follows: Is it rural or urban? How does the community view the school? How do religions, family, and political traditions affect youth and education? What are the sub-cultures in the community, their values, mores, and norms? What are the common beliefs held about raising children and discipline? Were the Board of Education's past decisions generally liberal or conservative? What types of recreation are available?

III. The Needs of the Students:

The needs of the students that could be met by a Behavior Disorders Program should be defined by the school administrators, teachers, and the students themselves. Questions asked of the staff included:

What are the characteristics of the students you deem to be in need of special help? What can be done to help you successfully cope with behavior problems in your classroom? What services does the present guidance department offer? What services does it need to add? How have behaviorally disordered students been helped in the past? How do you see yourself fitting into the Behavior Disorders Program? On what topics would you be interested in teacher in-service training?

Questions asked of the students included: Does talking to a counselor help? Why or why not? What kind of counselor could you relate to? What do you like best about school? Least? What kinds of issues would you like to talk to an adult about? If you were angry with someone, how would you deal with it? If you were principal, what changes would you implement?

The tabulation of the answers to these questions have been included because it is felt that they could be generalized to any system involved in setting up a Behavior Disorders Program. Primarily, the teachers and administrators were concerned about three different categories of students: (1) those using drugs, (2) those who consistently can not or will not live up to their intellectual capacity, and (3) those who are consistent disciplinary problems. Teachers expressed interest in learning ways that they themselves could cope with severe discipline problems; counseling as an alternative to suspension and expulsion; and having a competent professional available to work with students having personal problems.

The students expressed the following needs: (1) Having an understanding adult to talk to, who will maintain confidentiality, (2) "Having someone to talk to who would treat them as adults rather than be condescending," (3) Having someone available who is knowledgeable about drug abuse, pregnancy, birth control, and V. D., (4)"Having a place to go to rap when I am down", and (5) "Being able to talk to someone who would not judge me."

IV. The Developmental Stages of Adolescence:

It is important to understand normal development, so that (1) programs can meet students where they are in this development, and (2) normal developmental deviations will not be mistaken for pathology. Some references of material on this subject are included in the list of related sources.

V. The Available Resources:

Practical questions are of paramount importance and include: What kind of space is available? How many staff members will be employed? How much money is available for supplies and consultants? What programs exist that need to coordinate services with the Behavior Disorders Program?

Establishing Overall Goals

After consideration of the preceeding five factors, the following were determined as the goals of the Behavior Disorders Program in the high school:

1. Crisis intervention for students.
2. Depth-oriented counseling (group or individual) for disturbed adolescents.
3. Referral of seriously disturbed students to appropriate resources.
4. Training of teachers in classroom behavior techniques that will facilitate mental well-being among students.
5. Maintaining confidential records ACCESSIBLE TO NO ONE, WITH THE POSSIBLE EXCEPTION OF THE STUDENT HIMSELF.

Room Description

Adequate space should be provided by the administration for group activities (approximately 10-12 students). Additional quiet isolated space should be provided for the purpose of individual counseling.

The Referral Process

The referral process in the high school is somewhat less structured than in the elementary and middle schools. This is due in part to the fact that the high school behavior disorders teachers do not operate on a resource-itinerant basis as do the elementary and middle school teachers. They are permanently located at the high school and therefore are available at all times to the students and staff. Another factor influencing the referral process is that high school students naturally assume more responsibility for determining their life experiences

than do elementary or middle school students. Frequently, therefore, these students refer themselves for help from the behavior disorders staff.

Referrals may be initiated in one of two ways:

1. The teachers complete the referral form and submits it to the behavior disorders teachers if the problem seems to warrant more than one or two counseling sessions.

2. The student may refer himself. Approximately three-fourths of the students worked with during the 1973-74 academic year were self-referred. It is interesting to note that these students seemingly made greater progress in counseling than those who were referred by teachers.

The most common behaviors listed as reasons for referrals included the following: low self-concept, hostility, aggression, refusal or inability to perform up to intellectual capacity, chronic absenteeism, refusing to obey rules, swearing, lying, stealing, extensive drug usage, withdrawal, dependency, depression, inability to get along with peers or teachers, disordered thinking, sexual deviancy, pregnancy, phobias, and venereal disease. Although it may be possible to conceive of a Special Education Committee in the high school, there is no formal such operation at this time. Participation in the Behavior Disorders Program is part of the referred students' regular schedule, and his exit from the program is determined by the behavior disorders teacher and the student. The behavior disorders teacher may refer the student to the Director of Special Education for review by the Advisory Committee for Placement if the student is unable to function effectively in the regular school programs.

Some Programmatic Alternatives

There are several alternative methods in dealing with students once they have been referred or have referred themselves:

1. The student may be scheduled for individual counseling sessions with one of the behavior disorders teachers.

2. If there exists a problem between a specific teacher and a student, the teacher is encouraged to come with the student so the behavior disorders teacher acts as a mediator rather than assuming the problem is totally with the student or teacher.

3. Some students may be scheduled for group counseling sessions.

   A. Selection for Group:

      1. Each student undergoes an intake interview during which time he decides on a goal for himself, preferably one with noticeable behavior indices.

      2. Groups are generally limited to ten, and include two or three fairly well-adjusted, verbal students to serve as models and to help facilitate discussion.

   B. Personnel:

      1. The behavior disorders teachers work as teams (male-female) in working with the groups. Some advantages to using this approach are:

         (a) One teacher can serve as the protagonist while the other serves as the antagonist. These roles may be switched periodically.

         (b) One teacher may serve strictly as an observer who is able to provide feedback to the teacher involved in the session.

         (c) Having two leaders affords the students the option of relating positively to at least one of the team members.

         (d) With two, absenteeism from group meetings is rarely a problem.

C. Organization of Group Sessions:

1. Groups meet daily and students receive one-third unit of social studies credit for participation in "Self-Discovery."

2. At the beginning of each new group, students assist the behavior disorders teachers in establishing rules for group sessions. These rules generally include such things as:

    1. Be on time

    2. Do not cut class

    3. Be confidential

    4. Do not come to class "high"

    5. No smoking

    6. Conclude one topic before going on to another

3. The content of group meetings includes: Social and emotional problem-solving, interpersonal interactions, values clarification, decision making communication exercises, non-verbal exercises and activities.

    a. Counseling methods include reality therapy, client-centered therapy, transactional analysis, behavioral therapy, role-working.

    b. Students are responsible for determining the agenda of the meetings. An agenda sheet and magic marker is posted each day. When no one signs up, it is up to the behavior disorders teacher to facilitate the discussion.

4. With few exceptions, it seems that participation in more than one quarter of consecutive group membership is not helpful for the students. If the student still needs counseling at the end of the quarter, there are several alternatives:

    a. Regularly scheduled individual sessions

    b. Activity group counseling

    c. Student involvement programs

    d. Peer counseling and tutoring

5. Because the students receive credit for participation in the counseling groups, the behavior disorders teachers are required

to grade the students at the end of the quarter. This is a multi-dimensional grade and is the average of: 1) student's own grade, 2) the composite grade given to the student by other group members, 3) the grade given to the student by the group leaders.

The criterion for grades includes: participation, involvement, progress towards goal, noticeable changes, willingness to help others, and openess.

The group leaders are also evaluated by the students at this time.

Suggested Materials and Activities

During the year, various materials and activities were used with success in working with adolescent students involved in the Behavior Disorders Program An annotated list of specific materials is offered in Appendix K.

1. Simulation games can be a useful aid in working with groups, as they provide experiential learning as opposed to cognitive or abstract learning. They require group interaction, which encourages the withdrawn members to participate.
2. Sensitivity training exercises are designed to help students experience emotional depth and interpersonal competence. Although these experiences may not necessarily lead directly to improved performance in school productivity, participants generally indicate greater self-satisfaction, increased self-reliance, and less social inhibition.
3. Psychodramas provide students with an opportunity to check their own defenses, reactions, strengths, and weaknesses in a simulated environment with minimal risks and to learn new behavioral alternatives.
4. Decision-making activities aid students by teaching them a conscious process for judging their alternatives and making sound decisions.

5. Values clarification exercises give students a chance to consciously consider their values, become more critical in their thinking, and to assume greater control over their actions.

6. Activity groups participated in cook-outs, athletic activities, school improvement projects, and other group projects during the year.

7. Therapeutic camping expeditions have proven to be very worthwhile experiences in that they are enjoyable and seem to foster cohesiveness, as well as a sense of accomplishment among members.

Planned Program Modification

In reviewing the Behavior Disorders Program as it evolved during the 1973-74 academic year, the following areas were identified as needing improvement or expansion:

1. Teacher Involvement

It is futile to facilitate well-being in a student during counseling if he inevitably is to return to a dehumanizing, failure-oriented classroom. Teachers need to be trained in methods of providing a mentally healthy atmosphere within the school. This is more specifically discussed in the section on teacher in-service.

Another important consideration is the emotional needs of the teacher. The Behavior Disorders Program needs to consider these emotional as well as professional needs of the teachers in the high school. It might be possible to set up groups for teachers as well as students. These could be problem-solving groups, growth groups, groups for fulfilling personal goals, or any combination thereof. Hopefully these groups would enhance the well-being of the teachers

while improving staff cohesiveness. Possibly, weekly groups could be led by the school psychologist. To further facilitate communication between classroom teachers and behavior disorders teachers, regular office hours will be set for "teachers only."

One small, yet beneficial means of alleviating pressure on teachers would be a resource file containing creative exercises and materials to humanize the classroom. This would save the teacher the trouble of having to search through books and catalogues.

2. Parental Involvement

It is the ultimate responsibility of the parents to facilitate and maintain emotional well-being in their children. In the past, parents have only been consulted occasionally, however. Current plans involve scheduling regular meetings with parents of group members once or twice per quarter. PARENTS NEED TO BE ASSURED THAT THE BEHAVIOR DISORDERS TEACHERS ARE WORKING TO IMPROVE PARENT-CHILD COMMUNICATION, AND THAT THEY ARE NOT WORKING TO BECOME SURROGATE PARENTS THEMSELVES. Parent workshops dealing with drug education, sex education, and values clarification may also be set up. Parents might also be involved in therapeutic camping experiences with their children.

3. Activity Group Counseling

Counseling via activities rather than verbal discussions is a logical first step for those who are unaccustomed to verbalizing and

are distrusting of counselors. Weekly activity group sessions should be scheduled for students in individual counseling, as well as more activities for those students involved in group counseling.

Activity groups should be set up in the areas of art, music, and dance therapy. Outside consultants should be called in to aid in this task.

A "half-way program" should be available for students who have experienced verbal counseling. Mini-jobs should be available so that students can test out and further integrate desired behaviors acquired in previous counseling sessions. These mini-jobs might be any of the following: a) planting and maintaining an organic garden, b) re-painting a wing of the school, c) volunteering in the community, d) peer tutoring, e) participating in a Learning Theater, or f) a project of the group's choosing.

4. Drug and Sex Education

Students have repeatedly expressed the desire to obtain objective counseling about drugs, alcohol, birth control, venereal disease, and nutrition. A space specifically designated to disseminate such information should be provided.

5. Community Awareness and Involvement

In order to spread services even further into the community, a "Hot-Line" should be established. The Hot-Line would be a telephone service apart from the school switchboard, which would be manned by

members of the behavior disorders staff. Individuals from the community would have the opportunity to have their questions on various subjects answered by the staff. The Hot-Line would also serve as a non-threatening way for those students who are not yet ready to make a face to face contact to receive confidential help.

As there will be two teams of behavior disorders teachers, the phone would be manned through-out the school day. In the future, community volunteers would be trained to maintain the Hot-Line. 24 hours a day.

6. Demonstration of Techniques

Often it is difficult for teachers to implement suggestions made by the behavior disorders teachers in dealing with classroom problems. In an effort to demonstrate the effectiveness of various techniques, the behavior disorders staff in the high school should plan to teach a "demonstration class" which would meet for one quarter. The course taught would be in the area of social science and should be available for observation by classroom teachers and other interested personnel. Time would be set aside for discussion of successes and failures of various techniques and to answer any questions.

CHAPTER VI

EVALUATION

Program evaluation is vital for special education. Classes for exceptional children have lower pupil-teacher ratios and higher per capita costs than regular classes; thus, high taxes and difficulties in meeting school operating costs make evaluation of program effectiveness and justification of expenditures especially important. Since a social stigma may be attached to students receiving special education for the behaviorally disordered, such programs must demonstrate their effectiveness or run the risk of needlessly forcing children to lose prestige and be further burdened by the labeling process. It is imperative, therefore, that the Behavior Disorders Programs be accountable to the individual child as well as the educational system and community.

Evaluation provides a way of knowing whether a teaching strategy has been successful. It is an aid in specifying desirable outcomes and in ascertaining effectiveness in reaching these outcomes. Collecting on-going data enables a teacher to make appropriate shifts in technique and content based on specific behavioral observations rather than on hunches.

Continuous measurement of the child's progress through curriculum can be a good method for evaluating program effectiveness when a stated program objective is, for example, to increase a specific academic skill (i.e. students might graph their own work). Specific behavioral objectives might also be graphed to show improvement or to show patterns of behavior.

Consultation assistance should be sought, if necessary, in designing evaluative procedures. The school personnel, parents, and pupils should be considered as evaluators of the program.

In evaluating the success of programs for children with behavior disorders the most difficult questions are, what criteria shall be used to judge success and when and where the behaviors constituting these criteria should be examined.

The overall program must be evaluated to determine effectivensss of the components of the program. In this case, the Student Help Process should be evaluated periodically with appropriate changes being made. The Behavior Disorders Resource Program for each student will be evaluated quarterly by the Special Education Committee to determine (a) progress and (b) any necessary modifications in specific objectives for the individual pupil. This procedure has been outlined in the discussion of the Student Help Process. The entire Behavior Disorders Resource Program should be evaluated for mainstreaming pupils into the regular school program.

The Douglas County System uses the evaluation forms found in the Appendices L-N. Regular classroom teachers and principals, students, and parents complete the forms:

(1) When the student(s) or child is terminated from the Behavior Disorders Resource Program

(2) At the end of the school term

Evaluation forms are reviewed by the Coordinator and the behavior disorders teachers.

CHAPTER VII

PARENT EDUCATION

It is a well known fact that a serious need exists for parent education regarding how parents can better understand and communicate with their children. Yet few programs have actually been developed to meet this need.

Courses are taught in almost every area of life, but few courses deal with how to be an effective parent. In fact, being a parent is most often left to trial-and-error methods; methods that, for the most part, reflect the way that parents themselves were brought up by their own parents.

The Douglas County Schools feel that a program in parent education is extremely important for parents whose children are considered to have behavior disorders. Equally important are preventive programs for other parents who are experiencing problems in relating to their children.

The success of any school program is dependent upon a total cooperative involvement of individuals working with a particular student. Methods and programs that are tried with the child during the school day would certainly be more effective if they were carried through during the time the child spends with his family at home. It is important that the entire program be well-defined and clearly understood by the parents.

It will be the primary responsibility of the child's special education teacher to see that the program is understood as well as accepted by the child's parents. Many ideas as to ways of implementing such a program during the home hours should be suggested. The teacher should take the attitude of helping the family to help itself by serving as a "resource" to the family with problems, rather

than as a "dictator" of what programs will be carried out in the home situation. The parents will appreciate the school's genuine interest and concern for the child that they themselves and the school staff are mutually trying to help. When this approach is taken, parents will feel supported, rather than threatened or criticized by school personnel.

It should be made clear from the outset that lines of communication between the school and the home are always to be kept open. Either the parents or teachers may initiate contact should the need arise. It is important that the parents are completely informed as to how to contact the child's teacher or another person that may be of some help when they feel the need to do so.

It is imperative that parents be informed fully of the child's problem. The results of any screening tests that have been administered (omitting specific test scores), any specific behavioral observations, and functional level of the child (behaviorally, academically, etc.) should be discussed frankly but empathetically with the child's parent. The recommendations of the Special Education Committee, any specific program objectives established for the child, as well as helpful suggestions for program implementation at home should also be discussed.

In addition, special education personnel should report the child's progress and any change in the child's program to the parents. Teachers should be encouraged to report positive aspects of the child's behavior to parents rather than waiting for something negative to occur before contacting them. In any case, only accurate accounts of how the child is progressing or not progressing should be given. Encouraging a parent to feel that his child is making significant progress, when indeed he is not, can be more damaging than helpful to the child in the long run.

Telephone calls and/or short notes written on postal cards would be extremely helpful. Teachers should communicate to parents no fewer than two times per school month.

Parents will be requested to offer their evaluation of the program's effectiveness on forms provided by the Behavior Disorders Program (Appendix M). This will be done during the school year and at the termination of the child's participation in the resource program.

Many books have been published dealing with parent-child relationships. Reading a book, however, will not, in and of itself, generally produce long-term change in any family behavior patterns. Group processes and involvement are often necessary to bring about such change. Another important observation about available literature is that it is often designed for the average family. Common logic dictates that it is the family that is experiencing difficulties which is in greater need of help.

SPECIFIC PARENT PROGRAMS

The programs explained in this section will be implemented by the Douglas County psychological staff and others trained by the staff with families experiencing various degrees of problems. With families that are experiencing less serious problems, the programs will more resemble a psychological growth activity or training in behavior management than a therapeutic endeavor as such.

The Family Enrichment Program:

The Family Enrichment Program as developed by Luciano L'Abate, Ph.D., at Georgia State University is designed to be used with individual families. Each

program in the series provides the family with a number of structured activities designed to improve communication in the family; to offer alternative behavioral strategies; and to develop a greater awareness of the feelings in the family and the effects on each family member.

The Family Enrichment Programs are organized into the following areas: cognitive, affective, and specialized. At each level there are introductory, intermediate, and advanced programs. There are approximately thirty (30) programs to date. The cognitive programs focus on an intellectual approach to solving family problems; the affective programs focus on recognizing and effectively handling the feelings of family members; the specialized programs include areas such as behavioral management, the single parent family, transactional analysis, etc. The programs range in lessons from three to six. A family usually contracts for six lessons. Each lesson involves all the family members and lasts from one to one and a half hours.

The Family Assessment Battery is used in pre-testing and post-testing sessions. This provides the psychologist with information regarding family functioning aids in the selection of appropriate family programs. The post-testing session provides information on the effectiveness of the enrichment sessions. The Family Assessment Battery is designed to be given and scored by non-professionals after some initial training.

The need for parent involvement in working with children experiencing less severe behavioral and/or learning difficulties is essential. The basis of the proposal for parent involvement programs rests on the following assumptions:

a. Parents are interested in their children's progress at school
b. Parental attitudes influence their children's self-concepts

c. Parents want to become involved in the educational process
d. The attitudes of parents can and will change as a result of education, discussion of mutual problems, and their own insight.
e. Parents will involve themselves in group discussions of their problems with their children when the group is composed of parents with similar problems.
f. Parents will place less pressure on the child as they become more understanding of the child's difficulty.

The long-range goals or objectives of these parent programs include:

a. To promote a greater awareness and more understanding of the student's problem on the part of the parents
b. To actively involve the parents in the educational process
c. To provide parents the opportunity to discuss with other parents the frustrations, difficulties, and problems they encounter with their children
d. To provide the parents with more effective ways of dealing with their children, and thus, convert their feelings of frustration into positive actions

The programs will be designed to utilize a leader and ten to fifteen parents (both parents of the family, if at all possible). The following programs seem appropriate:

Behavior Management Programs

The purpose of these programs should include:

a. To teach an awareness of behavioral principles
b. To develop the technique of examining problem situations from a behavioral viewpoint
c. To develop expertise in applying behavioral principles in everyday situations

A variety of materials would be useful in planning the program. These include: Living With Children and Families, by Gerald Patterson; Parents Are Teachers, by Wesley Becker; Parent Effectiveness Training, by Thomas Gordon; and Modifying Children's Behavior, by Robert Vallett. It is essential that every parent have a copy of the book that is used so that they can complete the background reading prior to each session.

The programs would consist of eight to ten sessions of one and one half hours each.

Parent Discussion Groups

It is anticipated that many of the parents participating in the Behavior Management Programs might want to continue meeting in a less structured manner and discuss topics that the parents themselves suggest. The group leader would then serve as the resource person in the group.

At the first meeting the parents should select the topics of discussion and plan the program. The leader would provide the necessary information or bring in guest speakers to talk with the group. This group is seen as discussion oriented with the leader serving as a facilitator, providing the group with a model of clear communication and focusing on the emotional needs of the parents and students. Subjects such as how to handle cheating, anger, fighting among children, poor grades, etc., are likely to be the subjects of discussion.

A natural out-growth of these programs would be the need for a parent education/discussion group. Initially, this would involve learning about the characteristics of specific learning or behavioral difficulties. Then the group would become more discussion oriented and provide the parents with a group to discuss their feelings, frustrations, problems, etc., in dealing with their children. The group should be organized and molded by the parents with the "leader" serving as a consultant only. The final phase of such a group may include the parents deciding to publicize the needs of children with problems and to "educate" the public in general regarding these needs. Such decisions should be left to the parents, of course.

These parent involvement programs are designed to be used with parents of children with minimal to severe problems. The problems themselves may cover the range from learning disabilities, mild intellectual impairments to behavioral problems.

CHAPTER VIII

IN-SERVICE TRAINING

The importance of in-service training cannot be over-emphasized. The primary goal is to enhance the skills of a group of professional workers by sensitizing them to (a) problems frequently presented by behaviorally disordered students, and (b) skills required in designing and implementing educational programs for these students. Sessions may be set up in any of the following manners:

(1) General Orientation:

A session of this nature would include philosophy, rationale, and methods of educating behaviorally disordered students, as well as means to establish an emotionally healthy climate which would act as a preventive to the development of behavior disorders. It would be open to all interested school personnel, and therefore set up at a time which would not conflict with regular classroom obligations. Most school systems designate a certain number of work days for pre- and post-planning and in-service meetings. A training session could be set up on any of these days and be county or school-wide.

(2) Team Meeting:

This meeting would include in-service training for all personnel working with a specific student. Although all of these people would be present at the Special Education Committee meeting when the student is discussed, it is quite feasible that due to the total number

of students to be presented, and the limited time allowed, that an additional meeting might be necessary. This meeting might provide in-service in the areas of (a) programming for particular type of behavior problem student presents, or (b) ways to function more effectively as a team.

(3) Update of Skills for Behavior Disorders Teachers:

A meeting designed to introduce new and effective educational approaches, materials, or research results could be open to all school personnel, or just to behavior disorders resource teachers, depending on generalizability of information presented. Meetings of this nature should be set up on a regularly scheduled basis to keep staff abreast of new developments in the field of behavior disorders. It may also include attending conventions of national, state, or county organizations, (i.e., Council for Exceptional Children).

(4) Specific In-Service Sessions:

The in-service programs have been planned for teachers in the upcoming academic year. They will consist of a series of one meeting workshops. Teacher attendance is not mandatory but is encouraged by the administration. Teacher training in good mental health practices should be emphasized because emotional growth should accompany cognitive learning for adolescents. The following topics for workshops were chosen by classroom teachers from a list developed by the behavior disorders teachers:

(1) Classroom management

(2) Motivating students

(3) Communication in the classroom

(4) Teaching students to think critically

(5) Teaching values to students

(6) Understanding the youth culture

(7) Group dynamics and classroom interaction

Objectives are listed for each workshop session. To evaluate the programs two criteria will be used:

(1) Teachers' critical appraisal of the principles discussed

(2) Students' rating of teachers before and after the workshop to determine any changes in behavior.

Methods to be used during the workshops include: role playing, audio-visual aids, group discussions, skits, films, and simulation activities. All the methods involve the participants and all vary in format.

An important aspect of in-service sessions is the opportunity it provides for idea-exchanges between special education and regular classroom teachers. Too often the classroom teacher is reluctant to handle problem children in the classroom when specialized personnel with competencies in this particular area are introduced into the school system. This reluctance can be overcome by teachers increasing their skills and having input into the Behavior Disorders Program. There is much of value in the regular curriculum approach which can be adopted

to curriculum development in behavior disorders. Conversely, the techniques and concepts developed with Behavior Disorders Programs may have implications for instruction in regular classroom.

The underlying assumption in an in-service approach to staff development is that professional workers are actively seeking ways in which to maximize their own functioning and effectiveness in dealing with the students they serve. In-service training offers personnel an opportunity to do this by sharing ideas and profiting from the efforts of their colleagues.

CHAPTER IX

PSYCHO-EDUCATIONAL CENTER

The Psycho-Educational Center Network has been established to provide comprehensive community centers to serve severely emotionally disturbed children and their families. The centers are funded by the State of Georgia through the Department of Education and supported by mental health and other community services.

The Cobb-Douglas Psycho-Educational Center will serve severely disturbed children in Marietta City, Douglas County, and Cobb County. The main center will be located in Cobb County, with Douglas County housing a mini-center.

Without special child services in the community, children who are severely emotionally disturbed would require hospitalization or residential care. These children are characterized by:

1. Severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation, and adjustment reactions.
2. Severe behavioral disorders that may be caused by neurological impairment, cultural deprivation, and developmental lag.
3. Severe school-related maladjustment such as, but not limited to, behavior, socialization, communication, and academic skills.
4. Economic deprivation which increases family tension, inhibits positive self-image, and fosters emotional distress.

Referrals will be accepted through the Director of Special Education from early childhood programs, private day care programs, community service centers, Well Baby Clinics, kindergartens, public schools, parents, physicians, and other child-serving agencies. The major admission requirement is the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or the community. Children with secondary handicapping conditions such as mental retardation, learning disability, neurological disability, hearing loss, physical handicap, or developmental delay will be accepted if the primary disability is a severe emotional or behavioral disorder.

The center will accept children between the ages of three and fourteen years. Infants from three months to three years will be served by center staff in Well Baby Clinics, community service centers, or in parents' homes. No child will be seen for testing and evaluation without parent or guardian participation in an initial interview and a signed form requesting the service. Parents will be strongly encouraged to partcipate in some aspect of the center's program for parents.

The following have been established as primary goals of the center:

1. To provide community based services including diagnostic educational, psychological, psychiatric assessment, special education classes, individual therapy, group therapy, and parent services to severely disturbed children and their parents.
2. To provide consultation to schools to assist children in maintaining normal school contacts while receiving direct services.
3. To develop and implement a staff training program which will include, but not be limited to, all staff.

4. To develop and implement an evaluation system which will describe the children served and document program effectiveness.

The Cobb-Douglas Psycho-Educational Center will provide the following services:

1. Assessment Services

   Psychological, educational and family assessments are required in order for a child to receive direct services. Psychiatric assessment should be provided when severely disabling conditions are suspected. Testing, diagnosis, individual program planning and parent consultation are provided as parts of the assessment services.

2. Psycho-Educational Classes

   a) Classes will be provided for preschool (3-6) children with severe behavioral or emotional disorders and for school age children (6-14) with moderate to severe behavioral, social, or emotional disorders who cannot be served in the regular school.

   b) Classes will be available three to five days a week for preschool children and two to five days a week for school age children.

   c) The amount of time each child spends at the center each day will be a decision of the program staff. The staff will work to maintain on-going enrollment and participation in the regular school-when possible-while the child is enrolled in the center program.

3. Services to Children

a) Direct services include: educational; psychological; psychiatric; and family assessments; psycho-educational classes; crisis interventions with children assessed; direct work with the child at home or some other agency.

b) Indirect services include: work with teachers or parents at school, home, center; work with other agencies concerning specific children; crisis intervention with children not assessed.

4. Services to Parents

Services will be available for the family of each child served at the center. They will be planned jointly between staff and parent. These services may be in the form of conferences, counseling, observation of psycho-educational classes at the center, parent group meetings, or home programs. A periodic review of the child's progress at the center will be summarized by the staff and discussed with the child's parents and regular school teacher.

5. School Liaison and Other Community Services

The center will develop a system for maintaining a smoothly working communication process with each participating school system and preschool program. Center programs will be offered to public school personnel and parents for the purposes of: providing information about center programs; providing observation of on-going programs of service for school personnel; provide in-service training at the center.

Community involvement is an essential component in the success of the programs provided by the center. Staff are encouraged to participate in community activities whether specifically related or not to the psycho-educational center. Contacts made with local residents through such activities may prove invaluable in establishing relationships necessary to foster and maintain support of the psycho-educational center and its programs.

Further information on the Psycho-Educational Center may be obtained from the Rutland Center Model for Treating Emotionally Disturbed Children. (Prototype for the Georgia Psycho-Educational Center Network). Edited by Mary Margaret Wood, Ed. D.

CHAPTER X

SUMMARY AND SUGGESTIONS

As has been stated, Douglas County has made many changes in the Behavior Disorders Program since 1972. Increased student and teacher populations have necessitated an increase in services to children with emotional problems. It is expected that this Behavior Disorders Program Design must be adapted to the specific needs of each county which is considering its use. The success of any program depends on its rationale, objectives and implementation. Therefore, this final chapter contains some suggestions which may be beneficial in establishing and implementing a Behavior Disorders Program in your local school system.

The first consideration should be the number of schools in the system and the number of behavior disorders teacher(s) on the staff. It cannot be over-emphasized that the program should begin with a successful experience. Therefore, start small! Accepting the responsibility of a large number of schools tends to spread the services thinly and weakens the overall effectiveness of the program. If there is only one behavior disorders teacher he would serve most effectively in one of the following manners: (1) as a county consultant, helping teachers to become familiar with methods and materials to use when dealing with children with emotional problems, or (2) as a resource teacher in one or no more than two schools.

Whether or not the Behavior Disorders Program will evoke a positive reaction in the schools depends largely on the personality of the teacher presenting it. The teacher who initiates a Behavior Disorders Program should be able to quickly establish rapport with the regular school personnel. He must

be knowledgeable and be able to articulate this knowledge to the school staff without seeming pedantic or condescending. He should be flexible and co-operative, as schedules, space, and student and teacher needs are variable. Dependability cannot be over-emphasized. Promptness and adhering to established schedules reflects the behavior disorders teacher's perception of the importance of his program. This can have a powerful impact on the entire school's acceptance. Finally, the teacher needs a good sense of humor. There will be many times when this humor can relieve tension, establish rapport, or create a needed ally.

When the Behavior Disorders Program is introduced into a school, its purpose and mechanics must be clearly described to personnel in that school. The referral process should be carefully delineated and adhered to. The role of the behavior disorders teacher should also be clearly stated. He should be available at specific times for teacher and/or parental conferences and have a designated room from which to operate. If a particular school cannot provide a permanent room it is impossible for a resource program to be established. In this instance, the behavior disorders teacher would serve in a consultative capacity.

Of the utmost importance is the cooperation of the regular school staff and the behavior disorders teacher. They are an educational team established for determining the most effective program for the behaviorally disordered children in the school. The behavior disorders teacher should become personally involved with the teachers as many-dimensional individuals rather than viewing them only as educators. It is important for the behavior disorders teacher to identify himself as a supportive consultant to the school staff.

In summary, when beginning a school system's Behavior Disorders Program the following steps should be taken:

1. Establish the philosophy and objectives dependent on the particular needs of your system.
2. Determine specific plans for implementation.
3. Communicate the purpose and procedures to school staff who will be involved in the program.
4. Implement the program as planned.
5. If it becomes evident that certain procedures are not effective, make whatever modifications are necessary.
6. The most important consideration in any program must be the progress made by the students.

GLOSSARY

Activity Group Counseling — counseling via activities such as cook-outs, or group projects rather than simply discussion. Refers to the group process which improves communication through natural spontaneous activity whereby typical self-defeating behavior patterns manifest themselves in a natural setting.

Behavior Therapy—a type of therapy based on the premise that psychological disorders represent learned behavior and that known principles of learning can be applied to their modification. These principles include extinction, positive reinforcement, modeling, punishment, discrimination learning, and desensitization.

Client Centered Therapy —(Carl Rogers) — a nondirective type of therapy based on the theory that human beings have an inherent ability to expand and develop. The client assumes full responsibility for therapy goals. The therapist reflects, rather than interprets the clients thoughts and feelings, and encourages, but does not recommend, efforts toward growth and individual expression.

Crisis Intervention — to provide coping skills which will have long term utility by dealing realistically with the problem at the time of the crisis. In order for this to be effective, the teachers must be available at the time of crisis.

Double-Session — a division of the regular school day into two segments (e.g. 7:30 - 12:00 and 1:00 - 5:30) due to a larger student enrollment than the school facility could otherwise accommodate. Students attend either, and teachers are scheduled to overlap (7:00 - 2:30 or 10:00 - 5:30).

Facilitator — the role of the behavior disorders resource teacher in regard to the Special Education Committee. Obligations include responsibility for receipt of referral forms and organizing necessary data for presentation at Special Education Committee meetings.

First Grade Pre-Registration — a process for enrolling pupils in school in the spring quarter prior to beginning first grade in the fall term. During this registration parents accompany their child to the school and complete data forms while the child is screened for problems in any of the following areas: hearing, vision, dental, speech, and developmental growth.

Half-Way Programs — a supervised environment in which members, through participation in mini-jobs, can improve self-esteem, test out, and further integrate desired behaviors acquired in previous counseling sessions.

Itinerant Resource Teacher — a teacher who is responsible for a resource program in more than one school. Time spent in each school depends on the number of schools to which the teacher travels, the number of students to be served, their schedules, and the degree of severity of their problems.

Learning Theater — provides a chance for students to be mental health assistants in their own school. The purpose is to spread discussion of coping behaviors beyond the counseling group to the rest of the school by inspiring discussion through drama, such as staging a fight at lunch. This would provide an opportunity to spur observers into a discussion of fighting--Why do people fight? Does it do any good? What are the alternatives? Learning Theater could also perform during assemblies on various subjects. The following day, pairs of student assistants would go into interested classrooms and lead disucssions on the topic of the theater.

Mainstream — to integrate a special education student into the regular school program. A student's participation in the regular program begins and increases as a function of his developing abilities to cope.

Middle School — grades 6, 7, and 8.

Peer Tutoring — a program of instruction by the students themselves. One student with the skill or information teaches another student this skill. This is an important and valuable technique because both students gain knowledge in how to learn, develop a sense of responsibility, sharing, and cooperation. In Douglas County, specifically trained high school students, which have been involved in at least one successful quarter of group counseling, will be selected to serve as tutors for children in the elementary schools. The adolescents will be involved in the following activities: 1:1 or group academic tutoring, serve as Big Brother or Sister to another student, as student leader of interest group or club, library or Physical Education aides, and 1:1 or group instruction in arts and crafts. The teenagers will be in the school three days per week and the other two sessions will be devoted to planning and discussing problems and progress in group meetings.

Psycho-Educational Center — a comprehensive, community based model for a delivery system of special education programs and services to severely emotionally disturbed children. It is funded by the State of Georgia through the Department of Education and supported by mental health and other community services.

Reality Therapy — (William Glasser) — a type of therapy requiring conformity to group standards rather than allowing for individual, accepting facts as they are (reality), rejecting irresponsible behavior, and learning more effective ways to behave. The concept of mental illness is not accepted, so the patient cannot evade responsibility for his actions. The past is not delved into as it cannot be changed nor used as an excuse for present irresponsibility.

Resource Room — a centralized area within a school to which students may come for part of the regular school day for help from a specialist. Appropriate materials may be housed here for dissemination to other teachers as necessary.

Role Working — similar to role playing, in this type of therapy the counselor assumes the role of the counselee and the counselee the role of the significant other (e.g., parent, teacher, boyfriend). This enables the counselee to experience the feelings of the other and enables the counselor to mirror behaviors he believes the client to be manifesting.

Self-Contained Classroom — one in which the students are assigned for the entire school day.

Special Education Committee — a committee within the school whose purpose is to review records of students referred because of behavior disorders and recommends appropriate placement, methods, and materials for remediation. It's membership is comprised of the school principal, school counselor, a resource teacher from each of the areas of Behavior Disorders, Learning Disabilities, and Educable Mentally Retarded, a referring teacher, and other personnel involved with a particular student.

Student Contract — a signed, written agreement between student and teacher (or parent), specifying exact task(s) student is to complete and reward he will receive when he does so. Below is an example, though the exact form is not as important as the student and teacher's mutual understanding of the responsibility it specifies.

CONTRACT Teacher's stub _____ Student's Name _____ Date _____ Reward	CONTRACT _____ Date I, _____ understand that I will receive _____ after completion of _____ and __ _____ as a bonus if completed by _____. _____ _____ Student's Sig. Teacher's Sig.

Student Help Process — referral, screening, evaluation, and educational planning.

Therapeutic Camping Program — small groups of youth and staff live together in an outdoor community setting where the activities and daily living experiences are designed to be therapeutic in nature for that particular group. Challenges experienced by the youth in the primitive out-door setting are reality oriented and therefore have obvious significance for the child. This setting allows the child many opportunities to be successful in meeting his own basic needs.

Time-Out Room — additional small space adjacent to the regular classroom used for isolation as a consequence of inappropriate behavior by a student.

Transactional Analysis – (Eric Berne) – a type of therapy based on the theory that contradictory character trends coexist within the patient. These trends are fluid, with one or another coming to the fore, depending on the nature of the social maneuvers of others. As a consequence of the transactions of these character trends, three ego states may be elicited:

(1) infantile behaviors, known as the child state

(2) attitudes reflecting his parent's orientation, known as the parent state

(3) mature qualities the patient has acquired throughout life, termed the adult state.

APPENDICES

ATTENDANCE RECORD BY MONTH

(Days Absent)

Year _____

1st Mo.	_____	6th Mo.	_____
2nd Mo.	_____	7th Mo.	_____
3rd Mo.	_____	8th Mo.	_____
4th Mo.	_____	9th Mo.	_____
5th Mo.	_____	TOTAL	_____

Year _____

1st Mo.	_____	6th Mo.	_____
2nd Mo.	_____	7th Mo.	_____
3rd Mo.	_____	8th Mo.	_____
4th Mo.	_____	9th Mo.	_____
5th Mo.	_____	TOTAL	_____

Year _____

1st Mo.	_____	6th Mo.	_____
2nd Mo.	_____	7th Mo.	_____
3rd Mo.	_____	8th Mo.	_____
4th Mo.	_____	9th Mo.	_____
5th Mo.	_____	TOTAL	_____

_____

Other Information

HEALTH RECORD	SPECIFY	DATES
Immunizations:		
Physical Handicaps:		
Medications:		
Screenings:		
Severe Illnesses (illnesses of long duration, high fevers, accidents):		

RELATED FAMILY PROBLEMS:

APPENDIX A

STUDENT INFORMATION FORM

Student's Name _____ Sex _____ Birthdate _____

School _____ Race _____

Schools Attended Outside System _____

Parents' (Guardians') Names _____

Address _____ Phone _____

Parents' (Guardians') Occupation(s) _____
Father Mother

Parents' (Guardians') Education _____
Father Mother

Siblings (Give birthdate and sex) _____

_____

Parents' (Guardians') Place(s) of Employment _____
Father Mother

School Resources Involved	Date	Other Agencies Involved	Date

Tests Administered:	Date:	Given By:

ACADEMIC HISTORY (Grades Passed and Failed):

_____

_____

APPENDIX B

REFERRAL FORM

SPECIAL EDUCATION SERVICES

DOUGLAS COUNTY SCHOOLS

DATE: _____

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

TEACHER'S NAME: _____

GENERAL INFORMATION:

CHILD'S NAME: _____ SEX ( ) MALE ( ) FEMALE AGE _____ DATE OF BIRTH _____

SCHOOL: _____ GRADE: _____

REASON FOR REFERRAL: (BE SPECIFIC) _____

_____

A. TEACHER'S ESTIMATE OF THIS CHILD'S PRESENT LEVEL OF ACHIEVEMENT. CIRCLE GRADE LEVEL ON WHICH CHILD IS FUNCTIONING:

SUBJECT:	GRADE LEVELS:	COMMENTS:
READING	K 1 2 3 4 5 6 7 8 9 10 11 12	
MATHEMATICS	K 1 2 3 4 5 6 7 8 9 10 11 12	
WRITING	K 1 2 3 4 5 6 7 8 9 10 11 12	
SPEECH-LANGUAGE	K 1 2 3 4 5 6 7 8 9 10 11 12	
OTHER	K 1 2 3 4 5 6 7 8 9 10 11 12	

B. INDICATE ANY SPECIAL ABILITIES AND/OR HOBBIES WHICH THE CHILD HAS (BE SPECIFIC):

_____

C. HANDEDNESS: ( ) RIGHT ( ) LEFT ( ) MIXED

D. CLASSROOM BEHAVIOR. INDICATE THE BEHAVIORS THAT ARE MOST CHARACTERISTIC OF THIS CHILD:

___ SHORT ATTENTION SPAN
___ OVERACTIVE
___ SULLEN OR SULKY
___ DAYDREAMS
___ DESTRUCTIVE
___ QUARRELSOME
___ OTHER
___ EXCITABLE
___ ACTS "SMART"
___ LACKS SENSE OF HUMOR
___ SAD OR DEPRESSED
___ DIFFICULTY CONCENTRATING
___ SELFISH
___ EASILY FRUSTRATED
___ DIFFICULTY FOLLOWING DIRECTIONS
___ DIFFICULTY COMPLETING WORK
___ OVERLY SENSITIVE
___ TATTLES
___ DISTURBS OTHERS (CHILDREN)
___ EXTREMELY SHY
___ HIGHLY AGGRESSIVE
___ TEMPER OUTBURSTS

REMARKS: _____

E. INDICATE HOW THE CHILD PARTICIPATES IN GROUP ACTIVITIES:

___ PLAYS WELL WITH OTHER CHILDREN
___ ACTIVELY ENGAGES IN GROUP ACTIVITIES
___ ISOLATED BY OTHER CHILDREN
___ ACCEPTED BY THE GROUP
___ BECOMES AGGRESSIVE IN GROUP PLAY
___ TEASES OTHER CHILDREN
___ ASSUMES LEADERSHIP IN A GROUP
___ EASILY LED BY THE GROUP
___ INTERFERES WITH ACTIVITIES OF OTHER CHILDREN

F. INDICATE YOUR PERCEPTION OF THE CHILD'S ATTITUDE TOWARD AUTHORITY FIGURES:

___ DEMANDS ATTENTION
___ SUBMISSIVE
___ DEFIANT
___ SENSITIVE TO CRITICISM
___ FEARFUL
___ IMPUDENT
___ INDIFFERENT OR IGNORING
___ COOPERATIVE
___ IGNORES SCHOOL RULES
___ STUBBORN
___ SHY
___ JEALOUS
___ OVERLY ANXIOUS TO PLEASE

G. INDICATE THE CHILD'S REACTION TO THE FOLLOWING:

PRAISE: _____ SUCCESS: _____

PUNISHMENT: _____ FAILURE: _____

H. NERVOUS SYMPTOMS AND OTHER CONDITIONS:

___ BITES NAILS
___ TREMBLES
___ LISPS
___ COMPLAINS OF HEADACHES
___ STUTTERS
___ STEALS
___ CRIES
___ BEDWETTING
___ BLINKS EYES
___ SUCKS THUMB
___ STOMACH ACHES
___ UNUSUAL MANNERISMS

I. INDICATE ANY PHYSICAL IMPAIRMENTS THE STUDENT HAS:

_____

J. INDICATE SPECIFIC STEPS THAT YOU HAVE TAKEN IN DEALING WITH THE STUDENT:

K. HOW DID PARENTS RESPOND WHEN INFORMED OF THE PROBLEM?

WHEN YOU HAVE COMPLETED THIS FORM AND HAVE INFORMED THE CHILD'S PARENTS OF THE REASON FOR THE REFERRAL, SIGN IT AND PLACE IN THE SPECIAL EDUCATION BOX IN YOUR SCHOOL.

_____

TEACHER'S SIGNATURE

APPENDIX C

CENTRAL REFERRALS LIST

School _____ Date _____

Student's Name	Referred to Special Education Teacher
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Behavior Disorders Teacher

_____

APPENDIX D

SAMPLE OBSERVATION FORM

This form is handed to the classroom teacher upon entering the room.

Hello, Mr. _____.

I am _____, Behavior Disorders Teacher.

I want to observe _____
Student's Name

Please write here what he is wearing or where he is sitting so that I can identify him.

Thank you. I will talk with you later about this observation.

APPENDIX E-1

The following materials are offered as possible screening tools to be used by the behavior disorders teachers:

Behavior Rating Scales are of value because they are insightful as well as being easily completed. The teacher is able to simply check applicable behaviors and can readily discern areas of difficulty.

1. Student Assessment According to a Developmental Sequence of Educational Goals
   by Frank M. Hewett, Ph. D.
   University of California at Los Angeles

2. Vineland Social Maturity Scale
   by Edgar A. Doll, Ph. D.
   American Guidance Service, Inc.
   Publishers' Building
   Circle Pines, Minnesota 55014

3. Walker Problem Behavior Identification Checklist
   by Hill M. Walker, Ph. D.
   Western Psychological Services
   12031 Wilshire Boulevard
   Los Angeles, California 90025

4. Devereux Elementary School Behavior Rating Scale
   by George Spivack, Ph. D. and Marshall Swift, Ph. D.
   The Devereux Foundation
   Devon, Pennsylvania

5. The Pupil Rating Scale
   by Helmer R. Myklebust, Ed. D.
   Grune and Stratton, Inc.
   111 Fifth Avenue
   New York, New York 10003

Self-Rating Scales

1. California Test of Personality
   by Louis P. Thorpe, Willis W. Clark, and Ernest W. Tiegs
   California Test Bureau, 1942, 1953

   This questionnaire has primary, elementary, secondary, and adult forms and yields percentile scores on personal and social adjustment.

2. "Behavior Ratings of Pupils"
   A. "Teacher Rating"
   B. "The Class Pictures" (Peer Rating, Gr. K-3)
   C. "A Picture Game" (Self-Rating, Gr. K-3)
   D. "A Class Play" (Peer Rating, Gr. 3-7)
   E. "Thinking About Yourself" (Self-Rating, Gr. 3-7)
   F. "Student Survey" (Peer Rating, Gr. 7-12)
   G. "A Self Test" (Self-Rating, Gr. 7-12)
   All by Eli M. Bower, Early Identification of Emotionally Handicapped Children in School, Charles C. Thomas Publisher, Springfield, Ill. 1969

Intelligence Tests

1. Slosson Intelligence Test for Children and Adults
   by Richard L. Slosson
   Slosson Educational Publications
   140 Pine Street
   East Aurora, New York 14052

   This intelligence test has proved to be useful for school teachers and others who need to evaluate an individual's mental ability. It is brief and easily administered. The Slosson has a high reliability coefficient and yields sufficiently valid IQ's for children (4 yrs.) to adults.

2. Peabody Picture Vocabulary Test
   by Lloyd M. Dunn, Ph.D.
   American Guidance Service, Inc.
   Publishers' Building
   Circle Pines, Minnesota 55014

   The PPVT is a useful tool for verbal intelligence testing for use without specialized training, is quickly administered, and scored. It requires the examiner to pronounce a word and the student points to the appropriate picture of four on the page. There are two forms of the test and norms are provided for the examiner's use.

APPENDIX E-3

Academic Screening Tools

1. Wide Range Achievement Test
by J. F. Jastak, S. W. Bijou, S. R. Jastak
Guidance Associates of Delaware, Inc.
1526 Gilpin Avenue
Wilmington, Delaware

The WRAT is a short achievement test covering the areas of Reading, Spelling, and Arithmetic for individuals between the ages of 5 years to adult. There are two levels of the test. It provides accurate diagnosis of disabilities and grade level equivalent scores. The test can be administered quickly and easily scored.

2. First Grade Screening Test
by John E. Bate, Ed. D. and Warren W. Webb, Ph. D.
American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minnesota 55014

This group or individual test is used to identify pupils who may not without special assistance make sufficient progress during the first grade year. It provides testing of visual perception and memory, vocabulary, self-concepts and following directions. Norms are stated for the end of the kindergarten year and the beginning of first grade so that the test can be administered at either time.

3. Peabody Individual Achievement Test
by Lloyd M. Dunn, Ph. D.
American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minnesota 55014

This a wide-range screening instrument designed to survey student's level of educational attainment in the basic skills and knowledge. Subjects are provided in the following areas: Mathematics, Reading Recognition, Reading Comprehension, Spelling, General Information. Each subtest measures achievement from the pre-school to the adult level.

Interest Inventories

This tool is especially helpful for the behavior disorders teacher to initiate conversation with the referred student. It can provide unsightful information about the student's own interests and attitudes. Since these inventories are often teacher made, items may be added or deleted pertaining to the areas of concern regarding the particular student.

A sample interest and attitude inventory is provided.

APPENDIX E-5

SAMPLE STUDENT INTEREST AND ATTITUDE INVENTORY

Directions: "I am going to begin to read some sentences to you. I want you to finish each one. It will help me to get to know you better."

1. I have a good time when I _____.
2. The best reward anybody can give me is _____.
3. When I grow up I want to _____.
4. I would like to be like _____.
5. I think school _____.
6. The thing I do best in school is _____.
7. My two favorite TV programs are _____.
8. If I had enough money I would _____.
9. I feel really good when _____.
10. The thing my friends and I like to do together most is _____.
11. When I do something wrong my father _____.
12. It makes me mad when I _____.
13. I don't like it when my teacher _____.
14. I like to read about _____.
15. I wish someone would help me _____.
16. My mother _____.
17. If I had three wishes I'd _____.
18. I feel proud when _____.
19. I'll do anything to avoid _____.
20. When I do something good my teacher _____.

21. In school I need to do better in _____.

22. I think I'm _____.

23. When I take my report card home _____.

24. People think I'm _____.

25. I wish my parents would _____.

26. I think my brothers and sisters _____.

27. When I finish school _____.

28. I'll be "grown up" when _____.

29. On weekends my family _____.

30. Better than anyone else I can _____.

APPENDIX F

PARENT INTERVIEW:

NAME OF PERSON CONDUCTING INTERVIEW: _____ DATE: _____
FATHER'S NAME: _____ OCCUPATION: _____ AGE: _____
MOTHER'S NAME: _____ OCCUPATION: _____ AGE: _____
PARENTS ( ) OR GUARDIANS ( ) ? ( ) MARRIED ( ) DIVORCED ( ) SEPARATED
HOME TELEPHONE _____ BUSINESS TELEPHONE _____

ADDRESS _____

1. IS THE CHILD PRESENTING PROBLEMS IN THE HOME SITUATION: _____
2. ANY OTHER CHILDREN IN THE FAMILY:
   NAME _____ AGE _____ NAME _____ AGE _____
   NAME _____ AGE _____ NAME _____ AGE _____
   NAME _____ AGE _____ NAME _____ AGE _____
   DOES ANYONE ELSE LIVE IN THE HOME (GRANDMOTHER, ETC) _____
3. HOW DOES THE CHILD RELATE TO OTHER MEMBERS OF THE FAMILY? _____
4. DO ANY OF THE CHILDREN HAVE PROBLEMS IN SCHOOL. EXPLAIN: _____
5. HAS YOUR CHILD BEEN SEEN BY ANY SOCIAL AGENCY A MEDICAL SPECIALIST, A SPECIAL CLINIC, ETC.?
   ( ) YES ( ) NO LIST: _____
6. HAS THE CHILD EVER BEEN SEEN BY A MEDICAL, PSYCHIATRIC, OR PSYCHOLOGICAL SPECIALIST?
   ( ) YES ( ) NO LIST: _____
7. PLEASE DESCRIBE ANY COMPLICATIONS OR DIFFICULTIES OF PREGNANCY OR DELIVERY: _____
8. AGE AT WHICH CHILD: WALKED ___ TALKED ___ WEANED ___ TOILET TRAINED ___
9. IF THERE WERE ANY PROBLEMS IN TOILET TRAINING, WEANING, EATING, OR SLEEPING, PLEASE EXPLAIN: _____
10. AT WHAT AGE DID YOUR CHILD ENTER SCHOOL? _____
11. HAS SCHOOL ATTENDANCE BEEN ( ) REGULAR ( ) TRUANT ( ) IRREGULAR
12. NUMBER OF YEARS IN KINDERGARTEN _____
13. NUMBER OF SCHOOLS PREVIOUSLY ATTENDED _____
14. GRADE(S) REPEATED _____ _____ _____
15. DATE OF YOUR CHILD'S LAST PHYSICAL EXAMINATION _____ (APPROX.)
16. CONDITION OF HEALTH _____ GOOD _____ FAIR _____ POOR
17. HEALTH AND PHYSICAL INFORMATION. DESCRIBE ANY PROBLEMS:
    VISION _____ HEARING _____ SPEECH _____
    MOTOR COORDINATION _____
18. WHICH HAND DOES HE WRITE WITH? _____ WHICH HAND DOES HE BAT WITH? _____
19. WHAT IS THE NATURE OF THE DAILY ROUTINE?
    A. HOW DOES HE GET UP IN THE MORNING? _____
       WHO AWAKENS HIM? _____
       IS HE CALLED MORE THAN ONCE? _____
       DOES HE DRESS HIMSELF? _____
       DOES HE ALWAYS EAT BREAKFAST? _____
    B. WHAT HAPPENS AS HE GOES OFF TO SCHOOL? _____
    C. DESCRIBE MEALTIMES: _____
    D. DOES HE HAVE SPECIFIC CHORES? _____
    E. HOW DOES HE GO OFF TO BED? _____
       IS THERE A REGULAR ROUTINE? _____
       DOES HE SLEEP ALONE OR WITH ANOTHER SIBLING? _____
       DOES HE HAVE NIGHTMARES? _____
       IS HE AFRAID OF THE DARK? _____
       DOES HE WET THE BED? _____
20. DESCRIBE HIS BEHAVIOR AT HOME.
    IS HE OVERACTIVE, UNDERACTIVE? _____
    HOW DOES HE GET ALONG WITH OTHER CHILDREN? _____
    HOW DOES HE DISPLAY HIS ANGER? _____
    DOES HE HAVE ANY MOODY PERIODS? _____
    IS HE EASILY FRUSTRATED AND HOW DOES HE COPE WITH IT? _____
    DOES HE PLAY WITH CHILDREN HIS OWN AGE? _____
    IS HE A LEADER OR A FOLLOWER? _____

21. DESCRIBE ANY DIFFICULTIES IN LEARNING OR UNDERSTANDING AT HOME.

22. DESCRIBE ANY DIFFICULTIES AT SCHOOL.

DO YOU FEEL THAT HE IS PERFORMING ON LEVEL? _____
HOW DO YOU FEEL HE GETS ALONG WITH HIS CLASSMATES? _____
HOW DO YOU FEEL HE GETS ALONG WITH HIS TEACHER (S)? _____
DOES HE LIKE TO GO TO SCHOOL? _____
DOES HE TALK A LOT ABOUT SCHOOL? _____

23. ATTITUDE TOWARD PARENTS

___DEMANDS ATTENTION
___SUBMISSIVE (DOES WHATEVER HE'S TOLD WHENEVER HE'S TOLD TO DO IT)
___DOESN'T DO ANYTHING HE'S TOLD TO DO
___CRIES WHEN SCOLDED OR TOLD HE'S DONE SOMETHING WRONG
___SCARED OF A LOT OF THINGS
___BECOMES ANGRY WHEN HE DOESN'T GET HIS OWN WAY
___ALWAYS WANTING TO DO SOMETHING TO PLEASE YOU
___DOESN'T SEEM TO CARE ABOUT MUCH OF ANYTHING
___LIKES TO DO THINGS FOR OTHERS AND WITH OTHERS
___IS STUBBORN
___IS SHY

24. DOES YOUR CHILD EXHIBIT ANY OF THE FOLLOWING BEHAVIORS?

___NAIL BITING
___LISPING
___TREMBLING
___STOMACH ACHES
___STUTTERING
___STEALING
___UNUSUAL BEHAVIOR
___SEX PROBLEMS
___EXCESSIVE EYE BLINKING
___THUMB SUCKING
___CRYING

EXPLAIN ANY OF THE ABOVE THAT HAVE BEEN CHECKED: _____

25. WHAT DO YOU DO WHEN YOUR CHILD DOES SOMETHING HE'S BEEN TOLD NOT TO DO?

FATHER: _____

MOTHER: _____

26. WHAT GOALS DO YOU HAVE FOR YOUR CHILD?

FATHER: _____

MOTHER: _____

27. HOW WOULD YOU FEEL ABOUT RESOURCE HELP FOR YOUR CHILD?

FATHER: _____

MOTHER: _____

SIGNATURE: _____

_____

UPON COMPLETION OF THIS SECTION, IT IS TO BE PLACED IN THE STUDENT'S CONFIDENTIAL FOLDER.

APPENDIX G

Special Education Committee
Douglas County School System
School _____

Date _____

Student _____

Persons Attending _____

_____

Discussion:

Specific Objectives:

Committee Recommendations:

APPENDIX H

BEHAVIORAL OBJECTIVES

Name _____

Age _____ Grade _____ School _____

Date _____ Teacher _____

Objectives for the Month of _____

1.

2.

3.

Plans for Implementing Objectives:

1.

2.

3.

Materials and/or Activities Used:

1.

2.

3.

Results:

New or Modified Objectives:

1.

2.

3.

APPENDIX I

STUDENT PROGRESS EVALUATION FORM

Name _____

Age _____ Grade _____ School _____

Teacher (s) _____

Amount of time spent with student daily/weekly _____

Long-term Objectives for Student:

Social 1.

2.

3.

Academic 1.

2.

3.

Objectives Achieved and Amount of Time Taken:

APPENDIX J

TERMINATION REPORT

Name _____ Present Placement _____

Age _____ Grade _____ School _____

Comments:

1.

2.

3.

4.

5.

6.

Recommended Placement: _____

_____

Teacher's Signature

APPENDIX K-1

SUGGESTED MATERIALS

BEHAVIOR DISORDERS RESOURCE PROGRAM

(This is by no means exhaustive of all materials, but merely an annotated list of materials that have been used effectively in the Behavior Disorders Program in Douglas County).

Audio-Visuals

(1) (Elem.) Developing Understanding of Self and Others (DUSO). Circle Pines, Minnesota: American Guidance Service.

DUSO is a program of activities designed to help children better understand social-emotional behavior. The activities make extensive use of listening, inquiry. experiential, and discussion approach to learning. A variety of activities include role playing, puppet play, group discussion, supplementary reading suggestions, music, and art. DUSO is intended for use by the regular classroom teacher in kindergarten and primary grades, and may also be used by counselors and behavior disorders teachers. The materials are arranged into two divisions, Level One (K-3), and Level Two (4-5), and include teachers guide, story books, records, cassettes, posters, puppets, puppet activity cards, puppet props, role playing cards, social and self-development activity cards, and career awareness activity cards.

(2) (Middle & High) Why Am I Afraid to Tell You Who I Am? Niles, Illinois: Argus Communi- Two filmstrips, record or cassette, and guide.

"I am afraid to tell you who I am because if I tell you who I am, you may not like who I am and that is all I have." This is an exploration of the games and masks we use to avoid honest communication. This two-part filmstrip is based on John Powell's paperback, and explores basic psychological princi involved in interpersonal relationships and growth in self-awareness.

(3) (Elem. & Middle) It's Up to You. Jamaica: Eye-Gate. Set of 10 color filmstrips and 5 records or cassettes. (May be ordered individually or as a set).

This filmstrip series offers an open-ended presentation to encourage self-discovery. Common behavior patterns with which the child can easily identify are shown (e.g. "Pam puts it off", "Copy Cats", "Susie Won't Share", "New Boy in Town"). Each vignette shows a specific behavior pattern and its consequences. It builds to a dramatic climax and stops for discussion.

(4) Patterns of Behavior. Jamaica: Eye-Gate. Set of nine color filmstrips with five cassettes and teacher's manual. (May be ordered individually or as a set).

(Elem.)

A Guidance filmstrip series designed to help further motivate young people with character building concepts. Various situations involving young children are presented with constructive thoughts about improving manners and conduct (e.g. Billy the Bully, Freddy Forgot, Greedy Grace).

(5) Understanding Values. Jamaica: Eye-Gate. Set of six filmstrips, and cassettes. (May be ordered as a set or individually).

(Middle & High)

This set of filmstrips makes no conclusive moral judgments and does not teach answers. Instead, a chain of logical questions is raised from which the individual must take a stand and therefore comes to an evaluation and understanding of his own values. Strips in this series are "Stealing", "Cheating and Chiseling", "Lies, Half-Truths, and Untold Truths", "Who Cares/Staying Involved", and "Right, Wrong, or Maybe".

(6) The Destroyers. Jamaica: Eye-Gate. Two filmstrips and cassettes.

(High)

This program is intended to face, head-on, the subject of Venereal Disease. It recognizes the difficulty of presenting such a program due to the sensitivity of the subject matter, and therefore, uses both an historical and clinical approach to its introductory strip. The second strip deals with the disease on a personal level. Teen-agers will be given straight answers to direct questions on the subject. The fear, preaching, and moralistic approaches are not used. Knowledge and understanding and sound advice help combat the problem.

(7) Understanding Changes in the Family. Pleasantville, New York: Guidance Associates.

(Elem.)

This set of five filmstrips, cassettes or records, and teachers guide have been designed to provide elementary children with information about families, and with opportunitites to handle emotions related to family living. Filmstrip titles are "What's a Family", "Little Brother, Big Pest", "We're Adopted", "Not Together Any More" (divorce), and "Playing Dead".

(8) Inside-Out. Bloomington, Indiana: National Instructional Television Center.

(Elem. & Middle)

This film series, produced by and shown on the educational television channel is designed to help each child by focusing on certain elements in his life-using, growing, loving, hurting, enjoying, fearing, hating. Through an understanding of the emotions involved, the child will come to accept and respect

himself, his family, the persons around him, and eventually the people in the larger world beyond the range of his experiences and knowledge. A guide for teachers, as well as training sessions in the use of the program are available at the local educational television station.

(9) Effective Communication. Chicago: Argus Communications.

(High)

Four programmed tape units designed to expand awareness and improve self-expression. Tapes include the art of listening, awareness of feelings, speech mannerisms and body talk, and attaching and defending.

(10) Valuing--Exploration and Discovery. Chicago: Argus Communications.

(High)

Four programmed tapes, spirit masters, and cassettes. The units are (1) Values and Change: Basic Principles; (2) Examining Personal Values: A Discovery Experience; (3) Values in Listening: An Experience in Communication; and (4) Applying Values: Three Experiences in Role-Playing and Sculpturing.

(11) How Are You Feeling Today? New York: Bomar

(Elem)

This set of six filmstrips, tapes, and teacher's guide emphasizes four basic emotions: happiness, sadness, anger, and fear. Emphasis is placed on recognition of emotions from facial and body movement cues. Response sections call upon the student to identify and match various facial and body expressions.

APPENDIX K-4

SUGGESTED MATERIALS

BEHAVIOR DISORDERS RESOURCE PROGRAM

Books

(1) Read-Together Books for Parents and Children (created in cooperation with the Menninger Foundation). New York: Golden Press. Books in this series include Sometimes I Get Angry, Sometimes I'm Jealous, Sometimes I'm Afraid, Look At Me Now!, My Friend the Dentist, and My Body, How It Works.

(Elem)

These books, through simple pictures and text, acquaint parents, teachers, and children with the patterns and problems that naturally develop as a part of early growth. The pictured text is planned for adult and child to read together, in the hope that the shared experience will stimulate easy, open discussion of emotional situations.

(2) Joel Wells. The Bad Children's Book. Niles, Illinois: Argus Communications.

(Elem)

This is the story of two children who delight in playing pranks and misbehaving "because it's fun". The point about consequences of behavior is made in an entertaining, uniquely clever way. The book is insightful, but light and humorou

(3) L. Richard Lessor. Fuzzies: A Folk Fable for All Ages. Niles, Illinois: Argus Communications.

(All Levels)

This beautifully illustrated fairy tale explores the beauty of sharing the ugliness that comes to a community that turns to selfishness and greed.

(4) Children's Series on Psychologically Relevant Themes. New York: Human Sciences Press.

(Elem)

There are eight books in this series. All Alone With Daddy - Ellen is a little girl who delights in being with her daddy. While her mother is away, Ellen tries to take her place. My Grandpa Died Today - A boy learns about death for the first time. The Boy With a Problem - Johnny discovers the best way to cope with a problem is to talk about it to someone who really listens. Don't Worry, Dear - A very little girl with an understanding mother grows out of thumb-sucking, word-repeating, bed-wetting habits. The Man of the House - The story of a little boy who assumes the Daddy role for a few days.

He becomes the protector of the house while his father is on a business trip. I Have Feelings - Seventeen different feelings, both good and bad, and the situation that precipitated each one are covered. Each feeling is presented by a situation, the feeling that results, and finally by an explanation of that feeling. Billy and Our Baby - A pre-schooler makes his adjustment to the new baby in the family. Things I Hate - Discussion of the normal frustrations of most children who have to do things that are sometimes disagreeable.

(5) Patricia Ryan. George and Other Parables. Niles, Illinois: Argus Communications.
(High)

These eight light-hearted adult parables make satirical comments on our modern-day idiosyncrasies. In one of them you meet George, the small town sheriff whose exaggerated sense of importance undoes him. Elsewhere there's Mary Alice, a girl who is so protective of her "potential" that she banks it. Jason is ready for anything - except life. Mona builds walls that not even Joshua can tumble. These parables lend themselves easily to group discussion.

APPENDIX K-6

SUGGESTED MATERIALS

BEHAVIOR DISORDERS RESOURCE PROGRAM

Other Materials - (Games, Activities)

(1) Reaction Cards. Chicago: Developmental Learning Materials.

(All Levels) Twenty-four cards are in this set and divided into six situations. Each situation is made up of four cards - one base card with the initial situation, and three possible reaction cards, each offering a different solution to the problem. These cards not only aid the student in basic language development, but are especially useful in helping him relate and understand everyday situations and his reactions to them.

(2) Target Behavior. Olathe, Kansas: Select-Ed, Inc.

(All Levels) A kit comprised of Instruction Manual, school behavior cards, home behavior cards, scoring sheets, and playing board. Cards are arranged twice on a continuum ranging from "most like me" to "most unlike me". The first sorting is to obtain the student's assessment of his present behaviors, while the second is his desired behaviors. Comparisons can be made between the child's "real" and "ideal" self. This allows the child the opportunity to select his own Target Behavior for modification. The cards may also be sorted by the teacher, parents, and psychologist to obtain comparison of the way the student perceives himself and the way others perceive him.

(3) Feelin'. Niles, Illinois: Argus Communications.

(Middle & High) This game is designed to explore personal feelings and some of the variables that affect feelings. It is based on the belief that honest recognition of feelings is one of the first steps to understanding self and improving the quality of relationships. The game is composed of the Feelin' game board, a deck of 30 subject cards, and 36 tokens. A player draws a subject card (e.g., money, my parents) and places each of six tokens on the board, which contains 16 feeling continua. There are numerous continua because we usually experience more than one feeling at a time. Each other player places his six tokens on the board, describing how he feels about the same subject. This activity is particularly useful in initial group sessions to give group members insight into each other and develop a sense of understanding and togetherness.

(4) Many Faces of Children Posters. Chicago: Developmental Learning Materials.

(Elem.) This series of twelve posters depicts situations and emotions typical of the life

experiences of elementary children. The purpose is to aid the student in expressing his various emotions, describing situation similar to those he might experience or be familiar with, or even unfamiliar with. Once the student(s) identifies the emotion or situation presented on the poster, stimulation questions and comments may be given by the teacher. These suggestions are described in the teacher's manual, which accompanies the poste

(5) Many Faces of Youth Posters. Chicago: Developmental Learning Materials.

(Middle & High)

This series is identical in purpose to the Many Faces of Children Posters described above, except that the subject matter is more appropriate to the age and interest level of older students.

(6) Storytelling Posters. Chicago: Developmental Learning Materials.

(All Levels)

This series of posters may be used in either a group or single-student situation. They may be used to stimulate group discussion, individual storytelling, or creative writing. Included in the set are not only a few typical "happy" situational scenes, but also posters expressing grief, loneliness, poverty, and other intangible feelings.

(7) Gelatt, H. B., Barbara Varenharst, and Richard Carey. Deciding. New York: Colege Entrance Examination Board.

(Middle & High)

This program is a course of study in the development of decision-making skills. It consists of student booklets, a leader's guide, exercises, group activities, simulations, and discussion guides aimed at helping students learn and apply the decision-making process to the personal, educational, and vocational decisions they face in the early secondary school years.

(8) Why Am I Afraid To Tell You Who I Am? Character cards. Niles: Argus Communications.

(Middle & High)

These cards depict the games and masks people use to avoid honest communication. Thirty-six roles are included, such as "always right", "the body beautiful", "the clown", "the flirt", and "the worrier". Activity suggestions are included. These cards may be used with or without the filmstrip by the same title (described in the aduio-visual section of this guide).

(9) Logic Cards. Chicago: Developmental Learning Materials.

(Middle & High)

Various stories and situations, as well as one very long and involved story, can be created with these 30 cards. Designed especially to stimulate the student

logical thinking and sequencing of events, these cards are also a great aid to his creativity and communication skills. They might be particularly useful in helping student's to think more logically about the consequences of behaviors. A group or individual activity.

(10) Family Puppets. New York: Childcraft Education Corporation.
(Elem.)

Puppets may be ordered in various races and may be used on the hand or be pliable, so that they can be manipulated into various postural positions. Puppets may be used for dramatic play, which constitutes the young child's natural mode of organizing and clarifying fragmented views of his environment. As creative channels for the expression of feelings, fantasies, ideas, and perceptions, they extend dramatic play possibilities.

(11) General board games, (Monopoly, Scrabble, etc.). Available from many
(All Levels) sources.

Board games have a multitude of uses in any program. (1) They may serve as a reward for exhibiting desired behavior. (2) They may be used to assist the student in developing desirable behaviors (e.g., impulse control, cooperation coping with frustration and disappointment, etc.) (3) They may be used as an academic teaching tool (math, spelling, etc.)

APPENDIX K-9

SOURCES FOR SPECIFIC GROUP ACTIVITIES

Abt, Clark. Serious Games. The Viking Press, New York: 1970.

Barlin, Anne, and Barlin, Paul. The Art of Learning Through Movement. Los Angeles: The Ward Ritchie Press, 1971.

Ernst, Kenneth. Games Students Play (And what to do about them). Celestial Arts Publications, Millbrae, California: 1972.

Jongeword, Dorothy, and James, Muriel. Winning With People - Group Exercises in Transactional Analysis. Addison-Wesley Publishing Company, Reading, Mass.

Pfeiffer, J. William, and Jones, John E. A Handbook of Structured Experiences for Human Relations Training, Vol. 1-4. University Associate Press, P. O. Box 615, Iowa City, Iowa 52240, 1969, 1970, 1971.

Shaffel, Fannie R., and Shaffel, George. Role Playing for Social Values: Decision Making in the Social Studies. Englewood Cliffs, New Jersey. Prentice Hall, 1967.

20 Exercises for Trainers, NTL Institute for Applied Behavioral Science, 1201 Sixteenth Street, N.W., Washington, D.C. 20036. Middle School and Above.

Values and Teaching. Raths, Louis, Merrill Harmin, and Sidney R. Simons. Available New York Adirondack Mt. Humanistic Education.

Values Clarification: A Handbook of Practical Strategies for Teachers and Students. Simon, Howe, and Kirschenbaum. Available Adirondack Mt. Humanistic Education.

Varenhorst, Barbara B. "Innovative Tool for Group Counseling: The Life Career Game." The School Counselor, May, 1968.

APPENDIX L-1

TEACHER'S AND PRINCIPAL'S EVALUATION OF THE BEHAVIOR DISORDERS PROGRAM AND THE SPECIAL EDUCATION COMMITTEE

Check the appropriate blanks, make comments, and place this form in the Special Education mailbox in your school

Referral:

1. When you determined that Behavior Disorders help was needed, were you certain of the steps in referring a student? If not, explain.

   Yes _____ No _____

2. Was the Behavior Disorders Teacher available for conferences?

   Yes _____ No _____

3. Were the Special Education Committee meetings held at a convenient time for you?

   Yes _____ No _____

4. Do you feel that you had sufficient input into the meetings?

   Yes _____ No _____

5. Were the committee's recommendations valid and applicable?

   Yes _____ No _____

6. Were you able to follow the suggestions made?

   Yes _____ No _____

7. Was the student sufficiently aware of the goals set for him?

   Yes _____ No _____

8. Were the program's objectives for your students met?

Yes _____ No _____

Student's Behavior:

9. Was there an increase in appropriate behavior?

Yes _____ No _____

10. Was there an increase in inappropriate behavior?

Yes _____ No _____

Comments:

Personal Reactions:

11. Did you notice a positive change in the student's attitude?

Yes _____ No _____

12. Do you feel that your attitude toward the students has changed?

Yes _____ No _____

13. Should there be more parental involvement?

Yes _____ No _____

Inservice:

14. Would you improve the Student Help Process?

Yes _____ No _____

15. Did you attend any Behavior Disorders in-service programs?

Yes _____ No _____

16. Would more in-service programs be beneficial to you?

Yes _____ No _____

17. Should in-service programs stress classroom management techniques or mental health concepts? (Or both)

Classroom techniques _____
Mental Health concepts _____
Other _____

Comments:

APPENDIX M

PARENT QUESTIONNAIRE

We are interested in your evaluation of the effectiveness of our school resource program for your child.

Please complete this form and return it to:

1. Do you feel that the special program has helped your child?

   Comments:

2. Do you feel that you have been sufficiently informed of the program planned for your child?

   Comments:

3. What, if any, improved home behaviors do you feel are a direct result of the school program?

4. Do you agree with the future recommendations for your child?

   Comments:

5. Do you have any recommendations that you feel would help to improve the school's resource program?

   Comments:

Signature: _____

Thank you very much for your cooperation.

APPENDIX N

STUDENT EVALUATION

1. Do you understand why you were chosen for this program?

2. Do you think the program was helpful to you?

3. Of the things you did, which did you like best? Which did you like least?

4. Do you feel that you have changed? How?

5. Do you think you still need to be in the program?

APPENDIX O

PUBLISHING COMPANIES

(Sources for materials in the area of Behavior Disorders)

American Guidance Services, Inc.
Publishers Building
Circle Pines, Minnesota 55014

Argus Communications
7440 North Natchez Avenue
Niles, Illinois 60648

Behavioral Publications, Inc.
72 Fifth Avenue
New York, New York 10011

Bowmar
622 Rodier Drive
Glendale, California
or
292 Madison Avenue
New York, New York 10017

Childcraft
Education Corporation
964 Third Avenue
New York, New York 10022

College Board Student Services
Deciding
888 Seventh Avenue
New York, New York 10019

Developmental Learning Materials
3505 North Ashland Avenue
Chicago, Illinois 60657

Eye-Gate
146-01 Archer Avenue
Jamaica, New York 10011

Georgia Educational Media Services
1540 Stewart Avenue, S. W.
Atlanta, Georgia 30310

Golden Press
Western Publishing Company, Inc.
Racine, Wisconsin

Guidance Associates
Subsidiary of Harcourt, Brace, Jovanovic
41 Washington Avenue
Pleasantville, New York 10570

Inquiry Audio-Visuals
1754 West Farragut Avenue
Chicago, Illinois 60640

National Instructional Television Center
Box A
Bloomington, Indiana 47401

Pflaum/Standard
38 West Fifth Street
Dayton, Ohio 45402

Select-Ed, Incorporated
117 N. Chester, Suite No. 4
Olathe, Kansas 66061

APPENDIX P-1

The following publications are categorically listed as sources of information on behavior disorders and related areas. Many of these were used by the staff in compiling this program guide. Others are suggested as additional sources of information.

GENERAL READINGS

Berger, Peter. Invitation to Sociology: A Humanistic Perspective. New York: Anchor Books, 1963.

Dollard, John, and Miller, Neal E. Personality and Psychotherapy. New York: McGraw-Hill, 1950.

Educational Psychology, A Contemporary View. CRM Books, Calet, 1973.

Erikson, Erik. Identity, Youth, and Crisis. New York: Norton, 1966.

Friedenberg, E. Z. Coming of Age in America. New York: Random House, 1963.

Green, Hannah. I Never Promised You A Rose Garden. New York: Signet Books, New American Library, 1964.

Harrison, Saul I. and McDermott, John F. (Eds.) Childhood Psychopathology. New York: International Universities Press, Inc., 1972.

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Kephart, The Slow Learner in the Classroom. Columbus: Charles E. Merrill Publishing Company, 1971.

Kozol, Jonathan. Death At An Early Age. New York: Bantam Books, 1967.

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Palmer, James O. The Psychological Assessment of Children. John Wiley and Sons, Inc., New York: 1970.

Piaget, Jean. Science of Education and the Psychology of the Child. New York: Onion Press, 1970.

Quan and Werry. Psychopathological Disorders of Childhood. John Wiley and Sons, Inc., New York: 1972.

Schultz, E. W., Hirshoren, A., Manton, A. and Henderson, R. "Special Education for the Emotionally Disturbed." Exceptional Children, 1971, 38 (4), 313-320.

Stacey, Judeth. And Jill Comes Tumbling After: Sexism in American Education. Dell Publishing Company, 1974.

Weiner, Irving. Psychological Disturbance in Adolescence. Wiley and Sons, New York: 1970.

APPENDIX P-3

HUMANIZING EDUCATION

Bailyn, Bernard. Education in the Forming of American Society. Vintage Books, New York: 1968.

Cartwright, Darwin. Achieving Change in People: Some Applications of Group Dynamic Theory. Wayne State University, 1960.

Corey, Gerald F. Teachers Can Make A Difference. Charles E. Merrill, Ohio: 1973.

Dreikers, Rudolf. Group Dynamics in the Classroom. Group Psychotherapy and Group Approaches. The Alfred Adler Institute, Chicago: 1970.

Gazda, George M. Human Relations Development, 1973.

Glasser, William. Schools Without Failure. Harper and Row, New York: 1969.

Gorman, Alfred H. Teachers and Learners: The Interactive Process of Education, 1969.

Herndon, James. The Way It Spozed To Be. Bantom Books, New York: 1969.

Holt, John. How Children Fail. Pitman Publishing Company, New York: 1964.

---------- How Children Learn. Pitman Publishing Company, New York: 1967.

Jahcela, M. and Warren, N. Attitudes. Penguin, 1969.

Jones, Richard. Fantasy and Feeling in Education. New York University Press, New York: 1968.

Jourard, Sidney M. The Transparent Self. New York: D. Van Nostrant, 1971.

Leonard, George B. Education and Ecstasy. Delacorte Press, 1968.

Lyon, Harold. Learning to Feel-Feeling to Learn. Columbus, Ohio: Charles E. Merrill, 1971.

Postman, Neil and Weingartuer, Charles. Teaching as a Subversive Activity. Delta Books, Dell, New York: 1969.

Raths, Louis E. Harmin, Merrill, and Simon, Sidney. Values and Teaching: Working With Values in the Classroom. Charles Merrill, Columbus, Ohio: 1966.

Rogers, Carl. Freedom to Learn. Charles E. Merrill Publishing Company, Columbus, Ohio: 1961.

Sarason, Seymour. Culture of the School and Problems of Change. Allyn and Bacon, Boston: 1971.

Silberman, Charles. Crisis in the Classroom. New York, Vintage Books, Random House, 1970.

Weinstein, G. and Fantini, Mario (Eds.) Toward Humanistic Education: A Curriculum of Affect. Praeger Publishing Company, New York: 1970.

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APPENDIX P-5

GROWTH AND DEVELOPMENT

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Golburgh, Stephen (Ed.) The Experience of Adolescence. Cambridge, Massachusetts: Scheuhman Publishing Company, Inc., 1965.

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Kenniston, Kenneth. The Young Radicals. Harcourt, Brace, and World. New York: 1968.

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APPENDIX P-6

PROGRAMMING FOR BEHAVIOR DISORDERS

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EVALUATION OF THIS

BEHAVIOR DISORDERS PROGRAM DESIGN

Please complete this form and mail to:

Behavior Disorders Program Coordinator
Department of Special Education
Douglas County Board of Education
P. O. Box 1077
Douglasville, Georgia 30134

Date: _____ Position or Title of Person Completing Form: _____

Answer yes or no to the following questions:

1. Was this Behavior Disorders Program Design, in your opinion, sufficiently comprehensive?

   Yes _____ No _____

2. Did you use suggestions from this program guide in establishing or expanding the Behavior Disorders Program in your school system?

   Yes _____ No _____

3. Were the suggestions for the entire program set-up useful?

   Yes _____ No _____

Please state your opinions to the following questions:

4. Which content area was most beneficial to your situation?

5. Which content area was least beneficial to your situation?

6. What suggestions do you have for improving this Program Design?

7. What were the major modifications made in adapting this Program Design to your system?